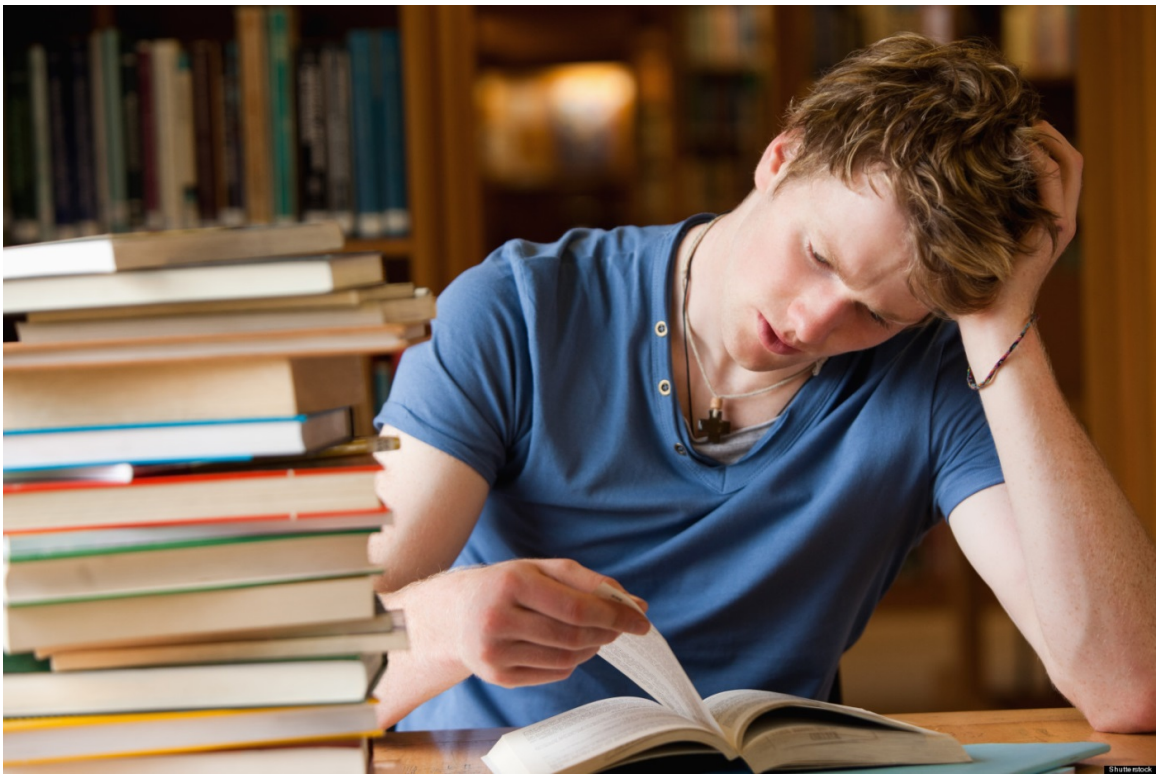
Mental health problems among students

How can we make them help themselves?



Miller, A. (2013). *Millennials And Mental Health: Post-Secondary Students Feel Anxiety, Have Suicidal Thoughts, Survey Says.* Retrieved 2 June, 2015 from http://www.huffingtonpost.ca/2013/06/17/millennials-mental-health_n_3455208.html

Research report

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Executive summary

This research report addresses the rising concerns about mental health problems among Dutch students. As the evidence is growing for the relatively poor health of students compared to non-studying peers, students' health has become a concern for universities as well. Measurements to increase completion rates as well as reducing the number of long-term students are more likely to be effective when students are in an optimal state of wellbeing. However, more than a quarter of all Dutch students report mental health problems that are found to be associated with study-related stress. On top of that, a significant number of students with mental health problems do not seek professional help.

All in all, the negative effect of unsolved mental health problems on study progress might result in a vicious circle, in which mental health complaints and stress, related to study delay, reinforce each other. To prevent this vicious circle, this study aims to make recommendations to the Student Health Services in Amsterdam on how to encourage Dutch students with mental health problems to seek professional help.

In order to formulate recommendations on how students could be encouraged to seek professional help for mental health problems the main research question was defined as follows:

"How can students be encouraged to overcome the barriers to seeking professional help?"

Additionally, the Student Health Services were interested in the role of the Internet in seeking help for mental health problems, since they invested in this medium to communicate with the non-help-seeking students.

Most studies with similar research aims have addressed this question by approaching students who have not yet sought professional help, whereas this study aims to gain insights in the perceptions of students who have already sought help. To gain insights in the perceptions of those students, a qualitative approach with in-depths interviews was chosen to investigate the barriers and encouraging factors for seeking professional help.

The interviews were conducted with eight female respondents and four male respondents with different mental health problems. The results show~~ed~~ that the most commonly found barrier was the feeling of weakness associated with seeking professional help. The feeling that it was weak to consult a healthcare professional seemed to be enhanced by doubts about the severity of the complaints and the belief that the complaints would subside in time. Other commonly mentioned barriers to seeking help were public stigma, self-stigma, earlier negative experiences with healthcare professionals and lacking parental support. Lastly, a minority of students reported that the following five factors were experienced as barriers to seeking help: (1) blaming oneself for complaints, (2) unawareness of complaints, (3) difficulties in talking about mental health problems, (4) practical constraints concerning the place and time of therapy and (5) the costs of professional healthcare.

For the encouragement of seeking professional help the students identified the following five factors: (1) the acknowledgement of mental health problems, (2) parental support, (3) environmental support, (4) positive impressions and expectations of healthcare professionals and lastly, (5) an increase in the severity of the problems. The acknowledgement of mental health

problems was the most frequently found factor to encourage seeking help. Students described this acknowledgement as a moment they became aware of the high prevalence of mental health problems and the acceptance of seeking help for those problems.

As self-perceived weakness, negative experiences with healthcare professionals and stigma were the most common barriers to seeking help. These barriers were addressed by several solutions that students purposed to encourage seeking help. Most of the students emphasised the importance of the acknowledgement of mental health problems and therefore suggested to educate young children in reflecting on their mental wellbeing and to educate university students more extensively about mental health and mental health services. In addition, students suggested promoting seeking help by posters and leaflets that aim to enhance the feeling that it is normal to seek professional help. Furthermore, students proposed to develop protocols for student counsellors to facilitate early recognition of mental health problems. Lastly, students recommended improving the guidance of students during periods with high levels of stress such as internships.

With respect to the solutions that were proposed by the students and the insights of students on their own help-seeking intentions, three recommendations were formulated. First of all, it is recommended to focus on increasing the acknowledgement of mental health problems. Therefore, introspective education in primary schools, sufficient education in university and awareness campaigns to promote seeking help is recommended. Secondly, educational institutes should take measures to improve recognition of mental health problems among students. Accordingly, it is recommended to develop protocols for student counsellors and to improve the guidance of students during their education in university. Thirdly, a few recommendations were formulated for general practitioners in particular, such as improving the communication with the vulnerable students with mental health problems and adopting follow-ups to check on treatment compliance.

Finally, this study showed an insignificant role of the Internet in seeking professional help for mental health complaints, as none of the participating students felt encouraged by information on the Internet. Additionally, a minority of the students reported that they had used the Internet for seeking information about their complaints prior to seeking professional help. However, these findings must be interpreted with caution, as the evidence for this conclusion is limited. Therefore, it is recommended to investigate the use of the Internet with a focus on a more popular online tool: the social media.

1. Introduction

During the 1990s the physical and mental health of students in Europe and the Unites States were an emergent subject of research (Kolbe, 1993; Nauta *et al.*, 1996; Symons *et al.*, 1997). Findings suggest that students suffer from more health-related complaints than their non-studying peers (Nauta *et al.*, 1996). These results are in conflict with the common knowledge that young and educated people would benefit from a significantly better health status compared to non-studying peers (Boot *et al.*, 2007). Likewise, findings of previous research on documented treatment records in the Netherlands has shown that the amount of students visiting a doctor with psychosomatic complaints was smaller than the amount of non-studying peers reporting psychosomatic complaints (Meijman, 1988). However, the evidence is growing for the relatively poor health status of students compared to non-studying young adults of the same age (Boot *et al.*, 2007; Stewart-Brown *et al.*, 2000; Vaez *et al.*, 2004).

Non-help-seeking behaviour might be the explanation for the discrepancy between the documented treatment records and reported health problems of students. According to research on health problems among Dutch students, a significant amount of students does not seek professional help for their health-related problems (Boot *et al.*, 2007; Nauta *et al.*, 1996). Recent studies support these findings and additionally found that non-help-seeking behaviour is reported especially by students suffering from mental health complaints (ASVA Studentenunie, 2010; Rosenthal & Wilson, 2008; Verouden *et al.*, 2010).

Furthermore, Boot (2007) and Nauta (1996) reported more surprising findings such as the association between physical complaints and mental health problems and the impact of health-related problems on study progress. Many recent studies show similar results suggesting that mental health problems among students relate to study progress, since students feel limited in their daily activities and experience feelings of stress that cause their study results to decline (Boot *et al.*, 2007; Pritchard & Wilson, 2003; Stewart-Brown *et al.*, 2000).

A key problem is that the negative effect of those unsolved problems on study progress might result in a vicious circle, in which mental health complaints and stress related to study delay reinforce each other. On top of that, students with mental health problems might be unable to finish their education at university. In the Netherlands this is also a concern for the universities, as the Dutch government has aimed to increase the completion rates and reduce the number of long-term students for many years (Nauta *et al.*, 1996; TeWinkel & Juist, 2012).

Taken together, the reluctance to seeking professional help for mental health problems among students is an alarming public health issue that needs further exploration.

2. Contextual background

Mental health has become a thoroughly studied concept in developed countries. Accordingly, a significant amount of research has focussed on the intentions of students and adolescents to seek help for mental health problems. However, scientific research on mental health problems among students and adolescents in the Netherlands is scarce. As this study concentrates on Dutch university students, this chapter will provide an overview of the situation in the Netherlands.

2.1 Field studies

Although the scientific evidence for the high prevalence of mental health problems among Dutch university students is limited, some field studies suggest that a significant number of Dutch students experiences problems related to mental wellbeing (ASVA Studentenunie, 2010; Landelijke Studenten Vakbond, 2013). According to a study on the employment of mental health services provided by the University of Amsterdam, one per cent of all students in Amsterdam make use of this source of professional help. The General Student Association of Amsterdam points to the fact that there is a number of students that experience study-related mental health problems, but do not seek help or are unaware of the mental health services (ASVA Studentenunie, 2010).

Another field study that explored the number of students that experience mental health problems in the Netherland showed that 49% of the students experienced problems related to mental health in the past or suffers from them now. Furthermore, the most reported complaints are depressive feelings, stress and fatigue. Students associate those complaints with pressure on study progress, family affairs and too many extracurricular activities (Landelijke Studenten Vakbond, 2013).

Overall, the results from both field studies seem to support the results from the few scientific studies performed in the Netherlands. As mentioned before, Boot *et al.* (2007) noted that the Dutch students rarely employ professional help for their problems. Additionally, Nauta *et al.* (1996) described this reluctant help-seeking behaviour in an earlier study on the health status of Dutch university students for both mental health problems and other health complaints.

2.2 Student Health Check

In response to the studies on help-seeking behaviour the Student Health Check was developed to offer students the possibility to monitor their health problems anonymously and independently. The Student Health Check is a validated and reliable online questionnaire that helps students to gain insight in their score in different domains of health, studying and student life, by comparing the individual score with the score of all other students that completed the test. If the score fits in the ten or twenty per cent highest or lowest scores of all students in that domain, the participating student will be warned by a traffic light that glows orange or red. The colour of the traffic light indicates the need for special attention in that specific domain. This type of feedback aims to create awareness among students and should help them to identify problems that need attention (Studentengezondheidstest, 2010).

2.2.1 The research project

The Student Health Check was developed by the Student Health Services, which are part of the Student Doctor's Office (Bureau Studentenartsen): a practice of general practitioners located in Amsterdam. The Student Health Services are focussed on the health of students in particular and therefore developed the digital test. Additionally, the research department of the Student Health Services introduced the project "Traffic lights: Student Health Check", to investigate the use and results of the Student Health Check. Firstly, the project Traffic lights: Student Health Check is a study to evaluate the effectiveness of the test in identifying health- or study-related problems of students of the University of Amsterdam and the Amsterdam University of Applied Sciences. Secondly, the project aims to produce insights in the prevalence of health- and study-related problems among students of different studies. The health check has been conducted multiple times to make the test user-friendlier and to assure the quality of the test (Van der Heijde *et al.*, 2010).

2.2.2 Results of the project

In 2014 Van der Heijde *et al.* published a report on the results of the test. The results in this report derived from the Student Health Check that was conducted from November 2013 till April 2014 and showed similar results to the two health checks that took place before.

The results of the health- and study-related problems among students can be divided in three domains: health problems, study-related problems and problems related to student-life. The most frequently reported health problems by students were problems with physical activity (33%), taking rest (28%) and enjoying life (27%). The most frequently reported problems related to studying were lack of focus and attention (29%), weak self-confidence and fear of failure (24%) and lacking motivation (22%). The most frequently reported problems regarding student-life were problems with weak self-confidence (26%), lack of financial support (19%) and solitude (17%).

Furthermore, students that reported the need for professional care showed significantly more problems in all domains compared to students that reported no need for professional care (Van der Heijde *et al.*, 2014). In conclusion, these findings support the need for incentives on seeking professional help for mental health problems among students.

2.3 Research aim

The results of the Students Health Check and the reluctance towards seeking professional help resulted in the current study of the Student Health Services. Consequently, this study aims to make recommendations to the Students Health Services on how to encourage Dutch students with mental health problems to seek professional help. In this way, the encouragement of seeking professional help could contribute to the prevention of study delay and could prevent the progression of more serious mental health problems. The recommendations will be addressed to multiple actors that are concerned with the health of students, including the general practitioners of the Student Doctor's Office. In this way, students can be encouraged to seek professional help by means of a multidisciplinary approach.

In order to formulate the recommendations the following research question was formulated:

> How can students be encouraged to overcome the barriers to seeking professional help?

This research question will be provided with an answer by gaining insights in the perceptions students have of the encouraging factors and barriers to seeking professional help. However, it is important to explore the theories and concepts on help-seeking behaviour before elaborating on the research design. Therefore, the following section will outline the key concepts and theories that derive from the literature of mental health problems among students.

3. Theoretical background

As mentioned before, mental health problems have been thoroughly studied in Western countries. Those studies produced theories on help-seeking behaviour for mental health problems that involved both students and other young adults. Both students and non-studying peers will be included in this section, since they all show reluctance to seeking professional help and are equally aged.

First, the concept 'mental health' will be defined to demonstrate the variety of complaints that are covered by the concept. Second, the theories on help-seeking behaviour concerning mental health problems will be described. Finally, the most important barriers, encouraging factors and related concepts will be depicted the conceptual framework.

3.1 Mental health

Mental health is often understood as a concept related to mental disorders. However, mental health can be defined from a more general point of view that also comprises a positive dimension of the concept (World Health Organization, 2003). In this report mental health will be defined as "a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities." (WHO, 2003, p. 7). The concept mental health can be applied to the ability of an individual to develop themselves, to deal with the circumstances of life and participate in society by making their own contribution to it (WHO, 2013). Additionally, mental health is an important concept included in the definition of health presented by the World Health Organization (2014) as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

Mental illness refers to all mental disorders that can be diagnosed and "feature abnormalities in cognition, emotion or mood, and the highest integrative aspects of human behavior, such as social interactions" (U.S. Department of Health and Human Services, 2001, p. 6). Mental health and mental illness can be understood as two linked concepts that constitute two sides of a spectrum. All conditions in between mental health and mental illness can be defined as mental health problems and will compose the scope of this study.

3.2 Seeking professional help

Help-seeking behaviour has been studied in the population for years. During the 1970s healthcare utilisation has been explained with conventional models, such as the Health Belief Model and the Theory of Reasoned Action (Becker *et al.*, 1974). These psychological models suggested that the pathway to employing professional help is an individual process that describes the evaluating steps that people take from the start of their illness towards the moment they seek help. However, these models could not explain the low patient compliance. Sociologists tried to describe influences from the environment of the individual to explain care seeking behaviour, such as culture, interaction with

family and friends, access and costs of healthcare (Andersen, 1995; Chrisman, 1977; Garro, 1988; Zola, 1973).

In the twenty-first century it became clear that research to non-help-seeking behaviour was scarce and sociological and physiological studies were insufficient to clarify the resistance towards seeking professional help. MacKian *et al.* (2004) suggested that help-seeking behaviour might be a more complex process that could not be explained by looking at disturbing factors in the pathway to care utilisation. Nowadays, research on help-seeking behaviour is focussed on the influences of social perspectives on the use of professional care. In addition to the influence from friends and family, society and governmental policy contribute to help-seeking behaviour. In the following paragraphs the common views on help-seeking behaviour will be described by explaining the theory derived from recent studies. To provide a complete overview of the theory on help-seeking, this section will describe the theories on help-seeking behaviour developed by Dutch researchers and researchers from other Western countries.

3.2.1 Trivialising mental health problems to feel 'normal'

Verouden *et al.* (2010) investigated help-seeking behaviour in Dutch university students by conducting 27 in-depth interviews with students who reported anxiety, high stress levels, fatigue and eating or sleeping problems. Besides mental health problems, the students included in the study reported long periods of non-help-seeking or reported no help seeking at all. Seeking help was defined as consulting a general practitioner or other healthcare professional.

The results showed four attitudes towards mental health problems and help-seeking that explained non-help-seeking behaviour. The first attitude is characterised by the concealment of study-related stress and emotional problems. This concealing behaviour correlated with the effort of living up to social expectations. Students explained they pretended to be 'normal' by engaging in 'normal' student activities such as parties, student jobs and socialising in the university library. In this way they hoped to live up to the expectations of their family, friends and colleague students. Students characterised by this concealing attitude were unlikely to seek help for emotional problems.

The second attitude that was found to explain the reluctance towards seeking professional help was the development of a new identity. Students expressed the difficulties they encountered in the transition from a safe and familiar environment to a new and unfamiliar environment. Conflicting beliefs and expectations could make them feel lonely and forced them to form a new identity and make new friends. These students that were occupied with finding out whom they felt comfortable with, were unaware of the need to seek professional help for their emotional problems.

The third attitude was found in students that suffered from social isolation and distanced themselves from other students in university. They stated that they felt unique in their loneliness and emphasised that they deliberately distanced themselves from the activities most other 'normal' students engaged in. They felt they were different than other students and were unwilling to become acquainted with these other students. Although they did feel depressed and alone, they were reluctant to seek help, because they felt psychologists would break down their identity as a unique person.

Lastly, a fourth category of students emphasised that stress is a common emotion that covers an important part in life as a student. Students stated that coping with stress is 'normal' and even valuable, because it distinguishes them from their non-studying peers. Students described stress about exams, deadlines, housing and losing friends as general problems of the daily routine. Additionally, they could share their experiences of these problems with each other. Accordingly, these students were unwilling to seek help, since they felt their problems were not serious enough and inevitably covered a part of their lives.

Verouden and colleagues demonstrated with this overview of the attitudes of Dutch students towards seeking professional help that feeling 'normal' is an important part of students' behaviour during university life. Students show their willingness to adapt to the expectations of others and trivialise their emotional problems by thinking it is normal to cope with severe stress levels.

3.2.2 Social interactions for seeking help

Rickwood *et al.* (2005) studied help-seeking for mental health problems in adolescents through an individual approach. Rickwood described the influence from social perspectives as the interpersonal domain of seeking help. Although, the purpose for seeking help is personal, a person has to rely on others to employ help and therefore a person has to engage in social interactions.

Rickwood used the model depicted in figure 1, to guide her research on help-seeking behaviour of young people with mental health problems. The model describes the process of help-seeking behaviour starting with the individual that experiences problems. The first step in the process is the point where the individual becomes aware of his problems and realises help is needed. Consequently, the individual has to be able to express his problems to the outside world. Rickwood states that this ability to express emotions and symptoms is independent of the source of help an individual aims to employ, since both informal help and professional help can only be addressed by expressing symptoms and emotions to the outside world. In the next step of the process the individual has to consider the available sources. To be able to employ professional help, an individual needs to be aware of the possible interventions and treatments. Additionally, all possibilities need to be accessible for the help-seeking individual. Lastly, the help-seeker should be willing to disclose his problems to the source of help.

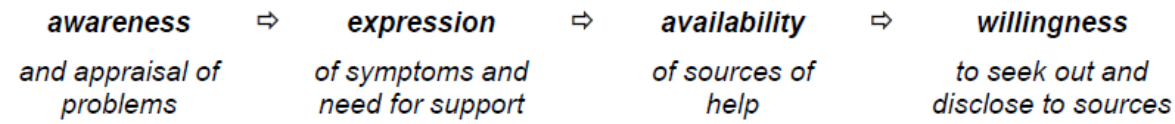

Figure 1: Process of help-seeking (Rickwood *et al.*, 2005)

3.2.3 Cycle of avoidance

Biddle *et al.* (2007) approached help-seeking behaviour by investigating the barriers young adults experience towards seeking professional help. The results showed barriers to seeking professional help that were similar to the barriers found by Verouden *et al.* (2010). The qualitative study included 23 young males and females between the age of 16 and 24 in the United Kingdom. The participants

were asked to define mental distress and explain their view on the causes, the course of the distress and the possibilities of treatment. Furthermore, they were asked to share their own experiences with help-seeking and sources of help. The results are summarised by the model in figure 2, that Biddle named "The Cycle of Avoidance".

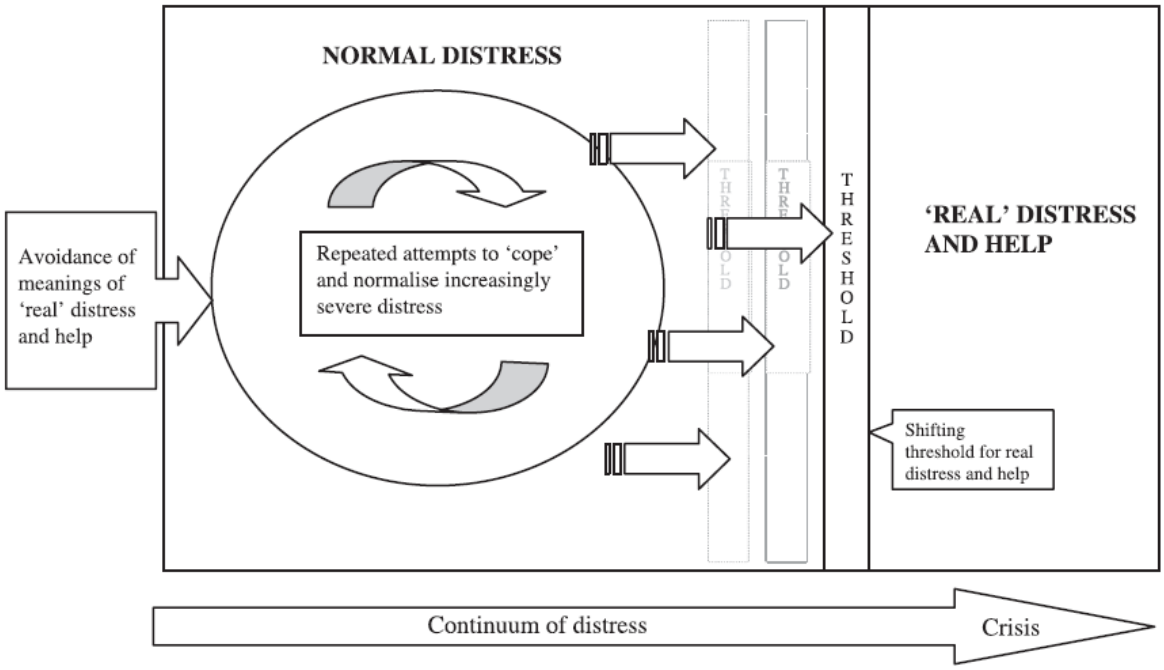

Figure 2: The Cycle of Avoidance (Biddle *et al.*, 2007)

Definitions of mental health

The Cycle of Avoidance illustrates the connection between mental health problems and mental illness, described before in the definition of mental health. Mental health problems are not equal to mental illness, however they cannot be strictly separated from each other. Participants explained the same spectrum including 'normal' mental distress and severe or 'real' mental distress. The arrow above depicts this spectrum of distress as a continuum with an endpoint defined as 'crisis'. The respondents explained the distinction between 'normal' distress and 'real' distress and emphasised that 'real' distress could exclusively be experienced by people suffering from a mental illness. The respondents affirmed that people should only seek help when suffering from 'real' distress. Additionally, the respondents stated there were several criteria for 'real' distress: feelings of distress should be chronic, continuous, disabling and inexplicable by the simple situations encountered in daily routines.

The illness perception of the respondents shows the same ambiguity with regard to the definition of mental health as described by the World Health Organization (2014). The respondents interpret mental health as the absence of mental disorders and, therefore, devaluate severe stress that can interfere with mental wellbeing. Likewise, respondents acknowledged the importance of treatment for people suffering from mental disorders, but they did not agree on the need for help in the phase of 'normal' distress. Respondents stated that the normal stresses of life should be addressed by 'coping' with these situations.

Normalisation

The Cycle of Avoidance shows a shifting threshold that depicts the delay in seeking professional help. Respondents were asked to explain the causes of this delay and revealed a series of contemplating thoughts that are related to social acceptance. The respondents described the fear of being stigmatised as attention-seeking or hypochondriac on the one hand and the fear of an official diagnosis on the other hand. In conclusion, one major cause of avoiding professional help for mental health problems can be described for young adults: the stigma on both help-seeking for mental distress and being mentally ill reflected by the attitudes of others. As a result adolescents get stuck in the normalisation process of repeated attempts to cope with their mental health problems.

Attitudes towards coping and treatment

The illness perception of the young adults participating in the study of Biddle and colleagues, demonstrates an undiscovered stigma attached to help-seeking. This undiscovered stigma is based on the assumption that the 'normal' stresses of life should be addressed by coping and require no professional help. Although Biddle and colleagues state in the discussion that "non-help-seekers may then be at risk of further morbidity from 'unhealthy' coping strategies" (p. 999), he concludes with the statement that non-help-seeking can be useful to prevent medicalisation and to prevent help-seeking for "self-remitting and unproblematic" symptoms. This conclusion illustrates the dilemma between help-seeking to prevent dreadful coping mechanisms and non-help-seeking to prevent excessive treatment.

However, in this case treatment might be inaccurately associated with prescription of medication, while treatment might as well refer to non-invasive treatments such as psychotherapy and cognitive behavioural therapy. In particular, cognitive behavioural therapy aims for the development and education in effective coping strategies, that might help young adults to address the 'normal' stresses of life affecting their mental well-being (American Psychological Association, n. d.).

3.2.4 Stigma and seeking help

The concept of stigma emerges from a significant amount of studies on help-seeking behaviour and mental health. To understand the impact of stigma on the employment of professional help by students with mental health problems it is important to explain this concept into more detail.

Definitions of stigma

Literature on the concept of stigma has increased rapidly, since Goffman published the book "Stigma: Notes on the Management of Spoiled Identity" about the impact of the phenomenon on the people that are being stigmatised (Link & Phelan, 2001). The social psychologists that studied the issue of stigma after Goffman's publication, rely on his definition of stigma as the phenomenon in which a specific feature of a stigmatised person "makes him different from others" and is therefore "reduced in our minds from a whole and usual person to a tainted, discounted one" (Goffman, 1963,

p. 3). Nowadays, Goffman's notes on stigma are still used in the dictionary definition of the concept as "a mark of disgrace associated with a particular circumstance, quality, or person" (Oxford Dictionaries).

Since Goffman's explanation of stigma and his extensive case studies on the stigmatisation of the mentally ill, more literature emerged on the stigmatising stereotypes related to mental illness. The literature on stigma has built theories on Goffman's foundations to disclose the origin of the concept. Those theories elaborate on the mechanism by which stigmatising stereotypes exist. To clarify the mechanism social psychologists studied the association of cognitions and emotions with discriminating behaviour (Corrigan *et al.*, 2003).

The pathway from stigma to avoiding professional help

Corrigan *et al.* (2004) described a pathway from cognitions to avoidance of help-seeking, that shows the impact of incorrect assumptions on behaviour (figure 3). The pathway initiates with an assumption or cognition that Corrigan defined as a stereotype. When stereotypes are considered valid they might result in prejudice. Prejudice refers to the personification of a stereotype and can, consequently, cause discriminating behaviour towards the stigmatised person. To avoid this discriminating behaviour people avoid treatment and professional help for their stigmatised problems.

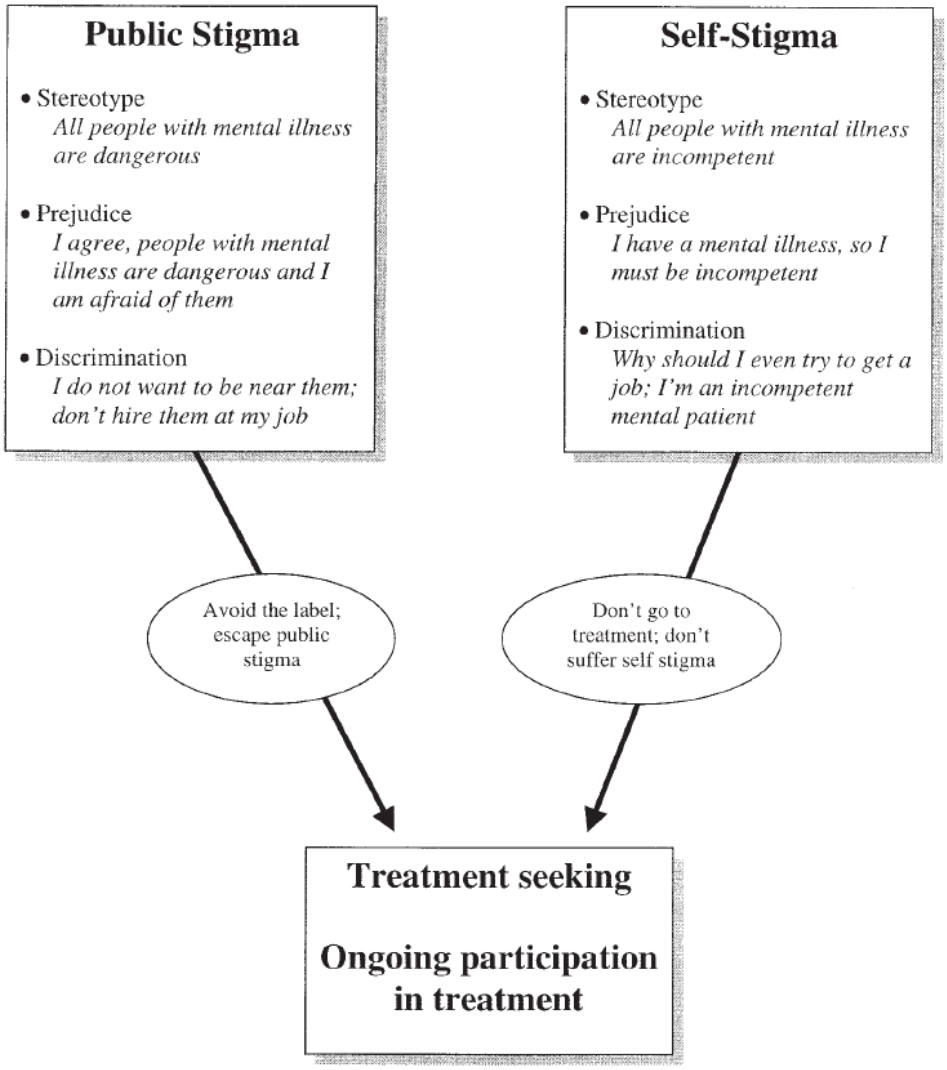

Figure 3: Effect of stigma on treatment seeking (Corrigan *et al.*, 2004)

Furthermore, Corrigan and Watson (2002) define self-stigma and public stigma as two types of stigma: public stigma can be defined as a publicly discriminating behavioural pattern and self-stigma can be described as a phenomenon experienced by a stigmatised individual. Self-stigma refers to the feeling of inferiority and loss of self-confidence that can be a result of public stigma. Therefore, both types of stigma cannot exist separately.

3.3 Barriers and encouraging factors

In addition to the studies that aim to disclose the process of seeking help, some studies have focussed on elaborating all the barriers and encouraging factors associated with seeking professional help. A systematic review on help-seeking behaviour for mental health problems in students in Western countries, has demonstrated two major causes of reluctant help-seeking: the stigma related to mental healthcare and the character of the student (Storrie *et al.*, 2010). Since Storrie and colleagues exclusively included studies conducted in university students, some relevant barriers are lacking in the review. To provide a more complete overview, this section will additionally elaborate on the barriers and encouraging factors found in high school students and adolescents.

3.3.1 Stigma

Stigma is most frequently described as a barrier for students with mental health problems to seek help (Barney *et al.*, 2006; Chew-Graham *et al.*, 2003; Corrigan *et al.*, 2004; Givens *et al.*, 2000; Roberts *et al.*, 1996; Roberts *et al.*, 2001; Martin, 2010; Megivern *et al.*, 2003). Although, those studies address medical students, stigma is found to be the most frequently described barrier for adolescents with mental health problems as well (Biddle *et al.*, 2007; Komiya *et al.*, 2000; Rickwood *et al.*, 2005; Yap *et al.*, 2011). Gulliver *et al.* (2010) provided an overview of studies on seeking help for mental health problems in young adults. The overview showed that more than 75% of the studies found stigma attached to mental health problems as the most prominent barrier for seeking help.

Furthermore, stigma is not solely an unrealistic fear that students are occupied with, since several studies show that students suffering from a mental illness are indeed being stigmatised (Corrigan, 2003; Feeg *et al.*, 2014). For this reason, students and young adults both describe the feeling that others look down on them and express the concern for negative effects on future plans such as finding a job and buying a house.

3.3.2 Character traits

Additionally, the character of the student is found to be associated with help-seeking. Komiya *et al.* (2000) investigated the influence of different emotional styles on seeking psychological help in students in the United States and found that openness to emotions is significantly related to favourable attitudes towards help-seeking. Similarly, Ciarrochi and Deane (2001) found that seeking professional help for suicidal ideation is associated with emotional competence. Emotionally competent students are characterised by the ability to identify and describe emotions and manage emotions in a constructive way. Although emotional competence might seem an ability that is beneficial for seeking professional help for all kinds of mental health problems, Ciarrochi and Deane

found no association for all other mental health problems. In addition, emotional competence was found to be a predictor for seeking help from informal sources in particular. These findings suggest that seeking professional help for mental health problems requires more characteristics than emotional competence alone.

3.3.3 Previous experiences

Negative attitudes and beliefs about professional help were found to be predictive for avoiding professional help in young Australian high school students (Wilson & Deane, 2001). Negative experiences with professional help affirmed students' belief that professional help is not useful. Consistently, Gulliver *et al.* (2007) described that positive experiences with professional help are associated with an increased intention to seek professional help in young adults. This association between help-seeking and positive experiences was found in several studies on professional help-seeking in adolescents of different countries.

3.3.4 Fear for unwanted treatment

Additionally, students that have no previous experience with professional help report their fear for unwanted treatment. Wilson *et al.* (2002) found that Australian high school students hold beliefs about mental healthcare, that rely on delusions derived from the media. Fear for unwanted treatment is also described by American medical students in university (Givens *et al.*, 2002). Givens found that 26% of the medical students participating in the survey reported the fear of unwanted interventions. These findings suggest that high school and university students from different countries may have limited knowledge of professional help and treatment options.

3.3.5 Fear for lacking confidentiality

Furthermore, fears concerning the confidentiality of mental healthcare services were found to restrain Australian students from seeking help (Rickwood *et al.*, 2004; Wilson *et al.*, 2002; Wilson & Deane, 2001). This fear for lacking confidentiality is related to the fear of stigma described before, since students feared their problems would be discussed with their teachers and would affect their grades. Twenty-four per cent of the American medical students participating in the aforementioned survey (Givens *et al.*, 2002) reported the same fears concerning confidentiality and the implications documentation of their mental health problems would have on their career.

3.3.6 Sufficient mental health literacy

The improvement of mental health literacy was suggested by Australian high school students as a solution for delusional beliefs about mental healthcare (Wilson & Deane, 2001) and therefore, was thought to dissolve most of the aforementioned barriers. Mental health literacy can be defined as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (Jorm *et al.*, 1997, p. 182). The Australian high school students state that mental health education could improve this knowledge about mental disorders and could consequently encourage

seeking help for mental health problems by providing adequate information on the availability of professional mental healthcare sources (Wilson *et al.*, 2002). The systematic review of Gulliver *et al.* (2007) provided supporting evidence for this solution. In addition, they emphasised the positive effect sufficient mental health literacy could have on the recognition of symptoms in young adults who are unaware of their mental health problems.

Other advantages of mental health education were found in a survey of Australian adolescents (Jorm & Wright, 2008). The survey described the possible stigma reducing effect of mental health campaigns. Corrigan *et al.* (2014) found additional evidence for this stigma reducing effect of mental health education in a study among American high school students and college students. The results showed reduced public stigma in high school students and college students that participated in the education programme. Since stigma is found to be the most important barrier of seeking professional help among students and adolescents, this effect might stimulate professional help-seeking in students.

However, Rickwood *et al.* (2004) found that the impact of a mental health education programme on help-seeking intentions was limited in Australian high school students. Although, the students that participated in the education programme had significantly more knowledge on the causes, treatment options and symptoms of mental health problems and were more aware of the benefits of seeking help for mental health problems, they did not report an increased intention to seek professional help. These findings could explain why additional measurements in Corrigan's study (2014) on stigma reduction and help-seeking could not provide convincing evidence on the relation between stigma reduction and seeking professional help.

Overall, it remains unclear why reduced stigma by sufficient mental health literacy, does not correlate with increased intentions to seek professional help (Corrigan *et al.*, 2014; Rickwood *et al.*, 2004). The mental health literacy available focussed on educating the causes, treatment options and symptoms of mental health problems and explained the benefits of seeking help for mental health problems, since these topics were found to be subjects of stigma. However, there might exist more stigmatising beliefs that are not yet addressed in the available mental health literacy. Another explanation for the marginal effect of reduced stigma by sufficient mental health literacy on seeking help is that are other barriers that students need to overcome before they intent to seek professional help. Therefore, it is necessary to gain more knowledge on the attitudes students have towards seeking professional help for mental health problems.

3.4 Conceptual framework

In figure 4 an overview of the variety of defined barriers and encouraging factors for professional help-seeking are depicted. Although these barriers and encouraging factors are defined in previous research, it remains unclear why reducing the barriers could not encourage seeking professional help for mental health problems. Additionally, the theories involving the concept of normalisation and trivialisation (Verouden *et al.*, 2010), the process of help-seeking (Rickwood *et al.,* 2005), the cycle of avoidance (Biddle *et al.*, 2007) and the origin of stigma (Corrigan *et al.*, 2004), were insufficient in disclosing help-seeking intentions.

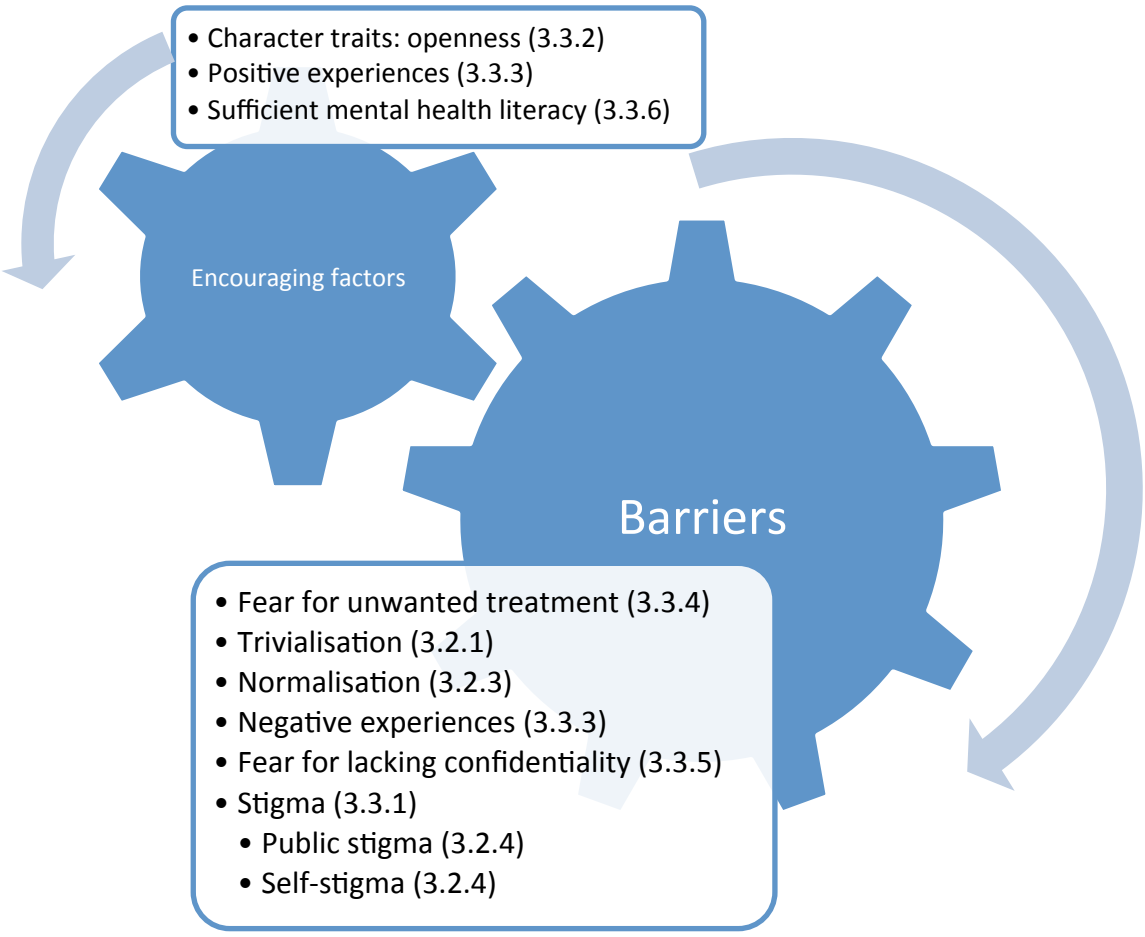

Figure 4: Overview barriers and encouraging factors for professional help-seeking

In order to disclose the current knowledge gaps this study aims to investigate what encouraging factors and barriers are described by students who have already sought professional help for mental health problems. As mentioned before, the insights in the perceptions students have of the encouraging factors and barriers to seeking professional help will be used to formulate the recommendations to the commissioning Student Health Services. Therefore, the main research question was defined as "How can students be encouraged to overcome the barriers to seeking professional help?" Additionally, the Student Health Services commissioned to investigate the role of the Internet in seeking professional help, since they invested in this medium to communicate with the non-help-seeking students. Therefore, the role of the Internet in seeking help is one of the sub questions formulated in the box below.

Sub questions

- *What factors were barriers for students to seek professional help for mental health problems?*
- *What factors have encouraged students to seek professional help for mental health problems?*
- *What is the role of the Internet in seeking professional help for mental health problems?*
- *What are the perspectives of students on the encouraging factors that can facilitate seeking professional help?*

4. Methodology

4.1 Research strategy

As the subject has been thoroughly studied, a significant amount of theories have emerged on help-seeking behaviour for mental health problems. These theories have produced hypotheses that, in recent studies, have been tested with deductive quantitative methods, such as Corrigan's study on increasing help-seeking intentions by stigma reduction with mental health education (Corrigan *et al.*, 2014). However, these studies could not prove the effect of stigma reduction on professional help-seeking. Therefore, this research is focussed on disclosing the theory on professional help-seeking for mental health problems by gaining insights in the help-seeking process with qualitative methods.

4.1.1 Research design

A qualitative approach was chosen to investigate the barriers and encouraging factors for professional help-seeking in order to gain insights in the perceptions of students who have sought professional help for mental health problems. Since the main focus were the perceptions of students with mental health problems qualitative research was most appropriate (Miles *et al.*, 2013). In addition, qualitative methods allow an iterative design that could be redirected during the analysis of data emerging from the research process (Patton, 2002). Furthermore, this study was retrospective, as the participating students were asked to reflect on thoughts and feelings during a period in the past.

4.1.2 Study population and inclusion criteria

This study took place at the practice of the Student Doctor's Office, which holds 12,604 patients distributed over nine general practitioners. As mentioned before, the practise focuses on students in Amsterdam, but is also accessible for people living close to the practice. Due to the aim of this research to encourage help-seeking behaviour in students, this study included exclusively students from the practise of 18-25 years old who have already sought professional help for mental health problems. Professional help was defined as the consult of a general practitioner or other healthcare professional for mental health problems. Furthermore, solely students that experience mental health problems related to mood, anxiety and problems resulting from their phase in life including study, social activities and relationships were approached for participation. These mental health problems were chosen because these were the most commonly reported problems in the Student Health Check (Van der Heijde *et al.*, 2014) and were found to be associated with study delay (Boot *et al.*, 2007).

In addition to the student patients of the Student Doctor's Office, students of universities outside Amsterdam and the universities of Applied Sciences who met the aforementioned inclusion criteria were included in this research.

4.1.3 Sampling

The study population of this study was sampled using multiple strategies. First of all, the participants of the Student Health Check who left their email address for cooperation in scientific research were approached by email. As this sampling strategy resulted in one respondent, more participants for the study were sampled using snowball sampling. This second sampling strategy was chosen, as this strategy is most effective for hard to sample populations (Faugier and Sargeant, 1997). By addressing the personal network of the participants six more volunteers for the study were found.

For the last five respondents the network of the Student Health Services was used to approach the student patients from the Student Doctor's Office. More than fifty patients of 18-25 years old who met the inclusion criteria were approached by email. This strategy resulted in the last five participants for the study.

Overall, these sampling strategies resulted in twelve respondents that agreed on participating in the qualitative research. This sample size was sufficient to reach data saturation according to Rowley (2012), who suggested that twelve interviews of thirty minutes or eight interviews of an hour should be sufficient.

4.2 Methods

In-depth interviews were used in order to gather detailed information on the thoughts, feelings and assumptions students have had during the period of non-help-seeking behaviour. The interviews were semi-structured to generate a significant amount of qualitative data. Furthermore, they facilitated the possibility for the respondents to elaborate more on relevant topics and further explore them in depth. The interview guide consisted of the four aforementioned sub questions and was used to ensure an open approach that allows new insights to emerge.

4.2.1 Validity

The internal validity of the gathered data is defined as "the extent to which causal conclusions can be drawn" (Gray, 2014, p. 152). In order to ensure internal validity the study population was homogenised and 'internal' replication was applied (Gray, 2014). Homogenisation of the study population was done by demarcating the age, the type of mental health problems and the level of education: only 18-25 year-old students in higher education with problems related to mood, anxiety and problems resulting from their phase in life including study, social activities and relationships were approached for participation.

The internal replication of the study was ensured to avoid misinterpretations of the qualitative data derived from the interviews. Internal replication was provided by involving multiple researchers in the process of sampling, data analysis and selecting the appropriate methodology. Additionally, four experienced researchers guided the research process to assure internal validity.

Furthermore, internal validity was optimised by using non-directive questions provided by the semi-structured design of the interview. Also, as mental health could be a sensitive topic for students, it was considered important to invest in a confidential setting to build rapport. In order to ensure this confidential setting, the interview was conducted in a quiet and comfortable room and permission

was asked for audio recording. In addition, the interviewer included time to check for questions from the respondent to assure the confidentiality and their anonymity in the study is understood. These measures were taken to make sure the respondent felt comfortable and trusted the interviewer with personal information.

External validity was defined as the extent to which the findings could be generalised to other populations or settings (Cook and Campbell, 1979). However, this study focussed exclusively on Dutch students in higher education. Therefore, the findings of this study need to be interpreted with caution and cannot be extrapolated to all populations and age groups.

4.2.2 Reliability

The reliability of this qualitative method is determined by the consistency of the data derived from the interviews (Gray, 2014). In order to assure this consistency bias was avoided by applying several techniques to standardise the interviews such as: the same tone of voice, an established set of instructions before the interview, a fixed interviewer's attitude, avoidance of directive questions and the use of the interview guide (Oppenheim, 1992).

4.3 Data analysis

To analyse the data the audio recordings were transcribed. Subsequently, the transcripts were analysed using grounded theory methods. This method was defined by Strauss and Corbin (1998) to produce theory through an inductive approach by systematically collecting and analysing data. Grounded theory relies on the absence of hypotheses on the research questions; therefore, the framework described in this study was not used to guide the coding process. Additionally, the data were coded following a prescribed process to minimise bias of previous research. This prescribed process consisted of the three following types of coding: open coding, axial coding and selective coding.

During the analysis of the transcripts open coding was used to mark all the quotes that might contribute to the answer to the main research question. At this point all quotes were marked with their own description in order to avoid premature categorisations. After marking three transcripts with open coding the list of descriptions was categorised by connecting the marked quotes. This type of coding is the axial coding type, which aims to define different categories that describe all aspects of a phenomenon. As more transcripts were coded with open coding these categories were changing and rearranging.

Lastly, the axial coding resulted in selective coding to select core categories and to define their relationships. Those categories attempt to complete the story involving all aspects of the phenomena. The final categories and subcategories were established as no new categories emerged from the coded data.

5. Results

In order to make recommendations on how to encourage Dutch students with mental health problems to seek professional help, four sub questions were formulated to guide the interviews with students who have already sought help for their problems. Therefore, the results are divided in the four following themes derived from these sub questions: (1) the barriers to seeking help, (2) the factors that encouraged students to seek help, (3) the role of the internet in seeking help and (4) the recommendations of students on how to encourage seeking help for mental health problems. These recommendations were also used to formulate the recommendations for the commissioning organisation.

Before addressing the four themes of the results, the study population will be described shortly. To begin with, the twelve respondents who volunteered to participate in the interviews included four men and eight women. Among the male students two respondents experienced none or little barriers to seeking help and the average time between the start of complaints and the engagement in effective therapy was 11.5 months. Among the female students one respondent experienced little barriers to seeking help and the average time between the start of complaints and the engagement in effective therapy was 2.9 years. Furthermore, 66% of the respondents sought help more than once. Two of those respondents were male and the other six respondents were female.

All three respondents who perceived none or little barriers to seeking help, reported that less than twelve months had lasted before they successfully started seeing a healthcare professional. Therefore, it seems likely that the amount of time between the start of the complaints and the first successful attempt to seek help is correlated to the extent to which barriers in seeking help were experienced.

5.1 Barriers

As mentioned before, three respondents reported none or little reluctance to seeking help. However, these respondents did report some difficulties in seeking professional help. Therefore, the perceptions of all respondents are taken into account for this section of the results and provided a complete overview on the struggles of seeking help for mental health problems.

Self-perceived weakness

The feeling of weakness is one of the most frequently reported barriers to seeking professional help. Some students described this self-perceived weakness clearly, as illustrated by the quote below.

"Like I said before I just found it very embarrassing and when I would go into therapy that would mean that you are unable to do it yourself. So that reaffirms the idea of myself of "you are unable to do things, you are unable to do things yourself, you are not strong enough", so if you seek help for that you reaffirm that idea and as a consequence others will find me even weaker than I may seem to

be already. And that was definitely something I was worrying about in the first place and that, as a result, caused me to remain silent about it to others for a very long time" [1]

Other students showed the fear of dramatizing problems and explained they thought seeking help was inappropriate for the problems they experienced. The quote below demonstrates these considerations.

"Sometimes I tell myself that I'm exaggerating. That everything isn't so bad, how things are with me. I think, well, yes, I'm dramatizing or something, I have to be a little stronger now, I have to manage, I have to keep up. And it isn't so bad, imagine I would visit a psychologist and then they will look at me like I'm dramatizing, because I don't really have problems" [2]

Additionally, all respondents that showed feelings of self-perceived weakness explained they thought they had to solve their own problems without seeking help. One of these respondent explained she felt these thoughts were reinforced by the fact that no help was offered in university: *nobody had ever explained that depression and things like that were also included. For learning disabilities okay, or if you think you have dyslexia or suffer from ADHD or something similar, but nobody had mentioned something about depression. So I thought well, it's probably not for that* [3].

In conclusion, these expressions of self-perceived weakness seem to result in avoiding professional help. This process of avoidance is also described in the aforementioned qualitative study of Biddle *et al.* (2007). They defined the willingness of young adults to continue solving their own problems as a process of normalisation, as young adults think their problems are part of the normal stresses of life. This normalisation was suggested to reinforce the avoidance of seeking professional help; however, one respondent in this study described a similar perception of normalisation after he had consulted a healthcare professional. This respondent noted: *than I felt stupid really, that I couldn't, yes, well, actually work it out myself* [4]. Accordingly, this case demonstrates that it is possible to overcome this barrier and escape this process of normalisation, as this student agreed on the fact that some problems should be solved without professional help even though he did seek professional help for this problem.

Subsiding complaints

Seven students explained that the belief their complaints would subside in time was one of the reasons they had neglected seeking professional help. One respondent explained he had thought for some time his complaints would decrease when he paid no attention to them: *as time passes by I'll forget about it more and more. That is quite a correct belief, because it is like that really. But I have to, I was holding on and holding on like that eventually.. You cannot do that anymore* [5]. This student explained he had truly believed his complaints would diminish in time. However, most of the respondents seem to have used this belief as an excuse for not seeking help. One respondent admitted: *because till then I was ignoring it like: well, however, it's probably needed, I think it's, I don't have time, don't feel like it, haven't got time, I don't want to be confronted with it, ah, I don't*

need it at all, because it goes well this way [6]. Another respondent explained her reasons for believing her problems would probably not require professional help: *first I want to wait to see if I can manage by waiting out for the end of my study and then see what happens instead of engaging into therapy and a month later the main triggers for my pessimistic thoughts are actually, that they'll disappear* [7]. Both respondents show reluctance to seeking professional help, yet they do not seem to elaborate on their true motives for their reluctance. Therefore, these quotes might also be interpreted as signs of trivialisation, as this concept refers to the denial of a problem by making it sound less severe or insignificant. The assumption that mental health problems will diminish in time illustrates this concept clearly.

Doubts about severity

Some students explained they had postponed seeking professional help, since they thought their complaints were not serious enough. However, most respondents that expressed their doubts about the severity of their problems also mentioned self-perceived weakness. Additionally, all students that expressed their doubts about the severity of their complaints mentioned the belief that mental health problems would diminish in time. These findings suggest that these three commonly mentioned barriers might be related. The quote below shows this association, as this student mentioned both doubts on the severity of her complaints and the belief her complaints might subside in time.

"Yes, I think so, especially in the beginning since I didn't knew if I was going to continue. So at first I thought like, it's going to pass. This happened for quite a long time, because I had the feeling that my problem wasn't serious enough to go and see a general practitioner or just go somewhere. This was due to my way of thinking that the issues that I faced, where not serious enough to see someone for it" [8]

Furthermore, most respondents explained their non-help-seeking behaviour by starting to describe the thoughts they had about the need for professional help. Their thoughts involved beliefs about the level of severity of complaints: one respondent explained she realised professional help was needed when she had noticed the burden of her problems was not limited to her personal life. This student emphasised that the negative impact on her study made her decide her problems were severe enough to seek professional help. However, in the end she concluded her problems were serious enough before that moment of realisation. She described this moment as a point of confrontation that was needed for her to make her see she needed help. While she reflected on the process towards realisation she came up with the underlying motives for her delayed intentions to seek help and explained her fear of being weak. Overall, this case demonstrates how beliefs about seeking help for mental health problems might unconsciously cover the fear of being weak.

Public stigma

The fear of public stigma is one of the two barriers that was most commonly mentioned. The concept public stigma derived from Corrigan's definition of stigma that showed a distinction between public stigma and self-stigma (Corrigan *et al.*, 2004). Since the respondents described situations in which fears about the judgments of their environment were explained, the label public stigma was applied. Furthermore, most respondents explained that the stigma they perceived resulted in feelings of shame and embarrassment that decreased their intention to seek help. These feelings of shame and embarrassment had an equal impact on the willingness to talk about their problems with peers or friends.

The respondents described varying examples of the public stigma they experienced. For instance, two respondents explained how medical students with mental health complaints are stigmatised as incompetent doctors. One respondent said: *when admitting that you have it, it scares people a bit or they flinch like "Gosh, how can you become a doctor like that?" Yes, that is a very exaggerated or excessive response, but that's what they really think* [9]. This quote shows the perception of stigma related to a specific profession. This student explained this type of stigma could also be a problem for students or employees in different fields, such as the commercial sector. Additionally, a law student reported the same type of stigma in the faculty of law.

Some respondents explained the effect of perceived public stigma from another point of view, as one student noted: *I don't think there is a stigma, however it might be the wrong choice of words, but I think that particular people judge like that. And I'm really talking about specific people, I think those specific people are more the cause of it, than that there is some sort of image of psychologists like ooh, that's scary and if you talk to someone like that you have a disease and that makes you different*[10]. This quote suggests that the stigma attached to mental health problems is a rare phenomenon in reality. However, this student continued by explaining this perceived stigma has an important effect on those who suffer from mental health problems, as they can be fragile and unconfident. Therefore, they could be prone to the feeling they are unable to comply with the demands from society.

Taken together, most respondents explained that stigma involved feelings of shame and embarrassment and fears about the judgments of their environment. The respondents explained that these effects of stigma had decreased their intention to seek help. Yet, most respondents concluded by saying they now realised mental health issues are not stigmatised or unusual. In fact, many respondents noted they discovered their friends had similar mental health problems.

Negative experiences

Half of all respondents reported negative experiences with healthcare professionals. Most of them explained the negative experience had caused most of their reluctance to seeking professional help. Some respondents explained the behaviour of the general practitioner during the consult had discouraged them from consulting the psychologist they were referred to. One respondent expressed this discouragement with strong emotions as illustrated by the quote below.

"When someone is there with you, he's opening his heart to you, you know. So you have to be very careful to prevent people from feeling discouraged to seek any help at all. Not everyone runs with his referral letter to a psychologist. I think you need to make absolutely sure that one feels he is taken seriously. Because this ruined my intention to seek help completely, the way I was treated by that man" [11]

Most respondents described similar negative experiences that resulted from imprudent or offensive communication. However, some respondents described poor practise of medicine such as incorrect information concerning treatments or insufficient monitoring of medication. One respondent explained she had told her psychiatrist about a traumatic event in the past and had suggested this might have led to the mental health problems she suffered from now. She explained: *however, he didn't want to know anything about it, since he was like, well after seven years that as well is finished and well, it has been over seven years of course*[12]. Later she was diagnosed by another therapist with post-traumatic stress disorder and concluded the man had made a mistake. Both types of negative experiences were equally associated with non-help-seeking behaviour.

Some students who described negative experiences in detail, elaborated on the actions that can be taken by healthcare professionals to encourage help-seeking or to ensure compliance with prescribed therapies. The most commonly recommended adjustment that general practitioners can introduce was the follow-up. Students explained this follow-up as a call or message from a general practitioner to check up on the patient in order to detect discontent patients or patients in serious conditions of mental illnesses. The quote below illustrates the purpose of this follow-up clearly.

"And then a follow-up would also have been nice, since someone actually checked if you have taken action or not, which is not the case at all right now. Then I start thinking: a lot of really emotional people come here, who are facing hard times, and then after ten minutes they walk out of the door, and nobody knows how they are doing later on. That was how they sought help, but in my opinion, these situations should be handled more carefully. These people might as well just end up in bed again for a whole year"[13]

In summary, it seems likely that earlier negative experiences contribute largely to future expectations of students about healthcare professionals, since most students clarified that their reluctance to seeking professional help resulted from these negative experiences.

Self-stigma

As mentioned before, self-stigma refers to the inferior perception of oneself that is likely to result from the effect of public stigma. Signs of self-stigma were common among the students that reported difficulties with seeking professional help. Most of them described the difficulty of accepting their complaints and the fear of admitting they experience problems. These descriptions demonstrate the struggle with complex feelings. For most respondents this struggle could last for many years and was hard to overcome: *when you visit a psychologist then you admit that you have a*

problem and admitting to that is already really hard. People just don't do it that easily. So admitting "yes I do have difficulties with this" is already a really big step[14].

However, none of the respondents explicitly described feelings of inferiority. This might reflect the burden or shame accompanied with the perception of stigma. Additionally, most respondents explained the impact of self-stigma in a second-person narrative suggesting that they feel more comfortable talking about stigma this way. The quote below shows this second-person narrative mode.

"I think it is quite a problem for people to take that first step, which is why I think it is important that it should be something that one should easily talk about. A psychologist should not be seen as someone who is on some higher level, because that affirms that you are different than others. That stigma might also be valid for other people" [15]

Overall, self-stigma and public stigma are closely linked barriers that involve complex feelings and inconsistent beliefs about mental health. Although most respondents have come to realise their beliefs were far from reality, it might have restrained them for too long to seek help.

Lacking parental support

A common defined barrier is the lack of support from the parents for seeking professional help. Most of the respondents that discussed their mental health problems with their parents explained that their parents were either barriers or facilitators for seeking help. Therefore, it is likely that parents account largely for decisions made on the care seeking of their studying children. In this study five respondents explained their parents had contributed to their reluctance to seeking help, which is half of the students that discussed their issues with their parents. Additionally, for some respondents the parents contributed to the perception of stigma. The quote below exemplifies this case.

"It's also because of my mother. She was the one who was stalling my intentions to seek help, because she said that others are not really willing to deal with that and they might as well cut you off if you're depressed for such a long time"[16]

Furthermore, this quote illustrates the impact of a parent on the behaviour of the student. Besides, this student also explained other effects of her mother's criticism, such as the effect on concealing her depression towards friends at school. This student had persisted in concealing the depression she suffered from for more than seven years.

Moreover, this respondent is one of the two students that reported both parental support and lacking parental support, due to the changing view of the mother. Another student that reported both parental support and lacking parental support clarified this inconsistency by a disagreement between the parents.

Beliefs about therapy

Some respondents explained specific beliefs about therapy that had prevented them from seeking help. Three students mentioned the doubts they had about the efficacy of treatment, while another respondent feared the side effects of the possible treatments. Some students described both beliefs about treatment: *and if I am to go to therapy myself, than I am afraid that it won't be successful. That you're only digging up dirt and unpleasant things, and that you'll end up going home with a bad feeling and that it will not help eventually*[17].

Some students emphasised the doubts they had about the benefits for them and explained they had always thought treatment was not available for their problems. One respondent explained that the belief in the benefit of professional help was completely absent during the hardest days of her depression. She said: *and at a certain moment you're thoughts wander of and you're so depressed that you start thinking, what's the use of all this. Nobody here is able to help me*[18].

Furthermore, two respondents explained that they believed treatment could also have an adverse effect on their complaints, since it might endorse destructive thoughts by overanalysing during therapy. One students explained he now realised he had been wrong and *"that you don't have to be afraid of that it results in sinking deeper in it, because you are talking about it. That's what I thought about it at first"*[19].

Taken together, these beliefs about therapy illustrate the importance of accurate knowledge on mental health problems and treatment. Studies on mental health literacy support this claim, since mental health literacy proved its efficacy in improving knowledge and correcting beliefs about mental health problems and treatments (Rickwood *et al.*, 2004). However, as mentioned before, this lack of knowledge does not fully explain the reluctance in seeking professional help.

Blaming oneself

Some respondents emphasised that their feelings of guilt restrained them from seeking help. This guilt was explained by the absence of an immediate cause of the problems. Therefore, some students felt they had only themselves to blame for the existence of their problems. Additionally, most respondents mentioned the feeling of shame. The quote below demonstrates that guilt can also result in shame for seeking professional help without a cause for the mental health problems.

"That might also be a reason why I am a bit ashamed by it or why I think I am causing it myself, because I actually have no reason why I did that. I never had a troublesome youth; in fact I had a really good childhood. I went to a very good school and I've always had friends and my performances at school were really good. I always got good grades, so I had the idea that I was not allowed to feel like that" [20]

Additionally, this quote shows an incorrect belief about the origin of mental health problems. Three students agreed on this belief about the origin of mental health problems, as they claimed that mental health problems are caused by traumas, a difficult childhood or social rejection. These beliefs

might also contribute to self-perceived weakness, since students that report this feeling of weakness show similar doubts about the severity of their mental health complaints.

Unaware of complaints

Most students were exclusively unaware of the severity of their problems. However, one student was unaware of any problems at all. Although this seems an insignificant number of students, it might be characteristic for the type of problem this respondent dealt with. Taking into account that this student was unaware of developing a burnout, as she blamed her stresses on her own perceived underachievement. This unawareness might seem an obvious barrier for adequate help-seeking. However, this student explained little attention has been given to this problem in university.

Talking about mental health problems

Two respondents reported difficulties in being open with their friends and family about the complaints they suffered from. These respondents also mentioned their concerns about public stigma, which might relate to their difficulties in sharing their feelings with their environment. Both students experienced the fear of sharing their issues with someone as a barrier towards seeking help. The quote below also shows the involvement of stigma.

"Everybody always pretends to be fine. That is really annoying, since that gave me the idea that it was a bit strange that I had this and so I never talked about it to anyone. I have never talked about it to anyone"[21]

Besides public stigma, most of the barriers for seeking professional help were also barriers for seeking informal help. A likely explanation for this is that barriers towards seeking professional help are frequently caused by the fear of sharing mental health issues with friends, family or peers. Since many respondents explain their relief when finding out a lot of peers suffer from similar problems, it seems important to encourage seeking informal help and discussing feelings and emotions.

Practical constraints

A few students explained they felt constrained in seeking help for practical reasons. Two respondents emphasised that they felt limited by their condition for seeking help. One respondent that needed sixteen hours of sleep during the depression she suffered from said: *so, for example, I also got the phone number of a psychologist from my general practitioner, but he was only available over the phone in the morning, and I was not available in the morning*[22]. This quote shows that remaining involved in therapy can also be hindered by the mental health problems themselves.

Another student noted: *it was consuming a lot of time on very inconvenient moments, like in the middle of the day: well excuse me, but I have to go to school*[23]. This student explained she had decided to seek help after a long period of non-help-seeking, yet she encountered some constraints

during the course she had started. In the previous quote she mentioned her practical concerns that reinforced her choice to quit the course.

Overall, these practical constraints show that students could encounter new barriers during treatment or after the first appointment with a healthcare professional. When these students are unable to attend to appointments or remain involved in therapy it might be necessary to actively approach them to ensure their condition is not becoming dangerous.

Costs

Two respondents mentioned the costs of consulting a healthcare professional. One respondent explained the costs had been the main barrier for seeking professional help. Additionally, this student noted it was still unclear what costs are covered by insurance. The other student who mentioned the costs emphasised that the availability of professional help covered by insurance should be promoted among students. Although she had not defined the costs of healthcare as a barrier to seeking help, she thought this could be a problem for others students. Since the role of this barrier was not investigated in all participating students, the importance of this restrain cannot be estimated.

In summary, the most commonly found barrier was the feeling of self-perceived weakness associated with seeking professional help. This feeling seems to relate to the belief in the spontaneous subsidence of complaints and the belief that the experienced mental health problems are not severe enough to seek help for. These three factors seem to demonstrate the concept of normalisation and trivialisation, which enhances the avoidance of seeking professional help. Furthermore, public stigma and self-stigma were frequently found to be associated with reluctance to seeking help. Additionally, both types of stigma often result in feelings of shame and embarrassment. Two other factors that were commonly mentioned, as barriers to seeking help were the lack of parental support and negative experiences with healthcare professionals in the past. Lastly, the following six factors were defined as barriers to seeking help by a minority of students: (1) feelings of guilt about seeking help, (2) negative beliefs about therapy, (3) being unaware of their own problems, (4) fears for discussing mental health complaints, (5) practical constraints to engage in therapy and (6) the costs of healthcare.

5.2 Encouraging factors

In order to investigate how students can be encouraged to seek professional help, they were asked to explain what had motivated them to seek help. Although students were often aware of the mental health problems they experienced, the burden of these problems was rarely the definite motivator to seek professional help. For instance, the results showed that a common reason for students to seek professional help was the inability to solve experienced mental health problems themselves. However, the moment that students accept that they cannot resolve their problems

individually is difficult to predict, as one respondent noted: *but it took me ages before I admitted to the fact that I could not resolve this on my own*[24]. Another student commented: *eventually it's over, you know. Then you start thinking that you're losing all control*[25]. These quotes also show different reasons for believing the experienced problems could not be solved by themselves, since the first quote illustrates that the student was never able to cope with the experienced problems; whereas the other quote suggests there have been moments this student was able to control the burden of his problems.

Most students had attempted to cope with their problems for a long time before they realised they could not solve their own problems. However, one student explained: *well I felt comfortable knowing that someone was able to help me, instead of continuously trying to cope with these chaotic thoughts. I really wasn't up for that*[26]. This student was one of the three students that sought help for his problems adequately. As illustrated by the quote above, this student preferred professional help for his problems over attempting to solve his own problems with a probability of disappointment. However, this student did report barriers to seeking help the second time he suffered from similar complaints, as this student emphasised one should sometimes be able to solve his own problems.

In conclusion, the cases presented thus far suggest that students feel obliged to solve their own problems and continue trying to solve them for varying lengths of time. Additionally, the moment that students accept that they cannot solve their own problems is difficult to predict. Therefore, this section will elaborate on what additional factors have encouraged or might have encouraged students to seek professional help.

Acknowledgement of mental health problems

Most respondents explained that they had come to realise their mental health problems were acknowledged problems to seek professional help for. Six students indicated that this acknowledgement had increased their intentions to seek help. Additionally, one of these students pointed out that the acknowledgement of her problems had helped her to overcome the barriers she had experienced to help seeking. She explained she became aware of the fact that her problems were accepted symptoms of disease, which were accepted to seek help for, as she recognised similar complaints on television. She said: *then I was thinking I'm actually very much like her in what I do and how I express myself. And maybe because there is something about her, that it means that there is something about me as well. And if they recognise that and afterwards they show where to seek help, than there has to be something similar in the Netherlands and that is why*[27]. She continued to explain what the girl in the television series made her realise: *I think it felt somewhat like a verification of a disease. Some people have it, however it does not mean that you're in bed all day and all these clichés, being unable to do anything, except for crying*[28]. Finally, she concluded: *it's also just a legitimate form of being ill, and therefore you can just visit a doctor and no one will judge you for it*[29].

This case illustrates the potency of the media, for this student indicated this episode of a television series induced her to seek professional help. However, most respondents that reported similar

conclusions about the acknowledgement of mental health problems derived their insights from their social environment. For instance, some students indicated that their friends had revealed they suffered from similar complaints they had sought help for. Another respondent explained mental health problems were also present in her family, which made her realise it was not uncommon to seek help for those problems.

Similarly, two students explained they had come to realise their complaints were acknowledged mental health problems after seeking help. Although these insights had not empowered their intentions to seek professional help, they agreed that the acknowledgement of their complaints would have helped them in seeking help more adequately. The quote below illustrates this case clearly.

"Since I am quite open about it towards friends, I have realised that a lot of my friends also visit a psychologist, or visit a general practitioner for mental health problems. However, at first, I had the impression I was quite alone in this. If you learn to know that it's quite a normal thing to do, that makes it easier to take that step" [30]

Additionally, this quote shows the previously described impact of the social environment on the acknowledgement of mental health problems and the acceptance of seeking help.

The other student explained her psychologist helped her realise her complaints were recognised mental health problems. This respondent explained she had consulted the psychologist accompanied with feelings of shame, however, when asking her about the reasons for these feelings she concluded: *to be honest I don't really know why, because I think it's not embarrassing at all and in the meantime during my study I became strongly convinced that everyone sometimes needs someone who tells you from time to time "you're looking at it from this point of view right now, but have you ever considered looking at it from that point of view?" That's just something you need*[31].

Overall, these cases support the view that acknowledgement of mental health problems and the acceptance of seeking help for these problems could facilitate help-seeking behaviour and could encourage informal help seeking.

Parental support

A number of students explained they felt encouraged by their parents to seek professional help. Additionally, most of them emphasised parental support was the key factor for seeking professional help. For three students the parents were not the single encouraging factor to seeking help, as these students were already motivated to seek professional help. The support from the parents was the final incentive to initiate seeking help for these students. One respondent illustrates this point clearly in the quote below.

"Eventually, my mother agreed on going, which helped a lot. I felt quite fragile of course, so if your mother says you should go, suddenly it gets serious. Then it's really necessary, if even my mother deemed it wise" [32]

This student indicated she had denied seeking help for three years, since her mother had dissuaded her to talk about her problems. The changing view of the mother on her complaints facilitated the first attempt to seek help for her problems. However, this student explained the prior opinion of the mother had made her get used to concealing her problems to her environment. Therefore, this student encountered difficulties in engaging into therapy, as she continuously concealed her true feelings. This case exemplifies the importance of the support of the parents.

Three respondents explained the initiative to seek professional help derived exclusively from the parents. One student emphasised his appreciation for the support from his parents, since he had not engaged into treatment without this support. However, this respondent mentioned experiencing difficulties in talking about his mental health problems, as he feels guilty for being unable to solve his own problems. A possible explanation for these feelings of guiltiness may be the absent acknowledgement of his complaints.

Finally, one respondent explained he had not felt restrained to seek professional help for his problems, as his parents were open to consulting a psychologist for mental health issues. Therefore, this student felt comfortable with seeking help without the advice of his parents. Besides, this student emphasised the open relationship with his parents had facilitated sharing his issues and had empowered him to do so with friends.

However, two students that described parental support did not feel encouraged to seek help. One student reported that her father suffered from a mental health illness. This student explained her mother aimed to motivate her to seek help. However, she felt discouraged to do so, as her father had unsuccessfully engaged in all available treatments to cure his depression. Therefore, this student expressed her doubts about the efficacy of treatment: *that was also something of what I thought if it's nothing for him, and if I don't see it helps him, then why should I do it? It would probably help me neither*[33].

The other respondent emphasised the ambiguous feelings she had about seeking help. On one hand, her parents confronted her with her changed behaviour, which stimulated her to consult her general practitioner. On the other hand, she explained the cultural background of her mother made her reconsider her choice to take additional steps and engage into therapy: *mental problems have not really been acknowledged there, which makes you rather crazy. Therefore, my mother was very sceptical about it, when I decided to do it. So yes, it's kind of strange that, while she was saying that I should seek help, when I decided to do it, she thought it was weird anyway. I sensed that, which made the step quite big for me, to actually do something with it*[34]. In conclusion, these cases point out that parental support may be an important factor in the help-seeking process, however, not a fundamental factor for seeking help.

Environmental support

Another encouraging factor that was commonly mentioned was the support from the environment. Some students explained to feel encouraged for seeking help, as they were confronted with their complaints and the need for help by student counsellors, peers or colleagues. Nevertheless, a few students indicated that they could have been encouraged to seek help if friends or peers had advised them to do so. Some students explained this had not happened, as they had feared to discuss their feelings with friend and peers, whereas others indicated that none of their friends had these positive experiences to convince them to seek help. This is illustrated by the quote below.

"When someone says that they are also starting with therapy than I'm like, cool. However, I do tell them that the first couple of times you'll not experience any difference, because in the beginning you'll have to face yourself a lot, all the good and the bad characteristics. You have to mention things that will make you feel sad, but once you get through those feelings, it really helps. I think that, if someone said that to me back then, it might have helped me as well. But back then I did not have anyone around me with that experience"[35]

Overall, these results show that support from the social environment of students could facilitate seeking help on the assumption that students discuss their problems with others and vice versa.

Positive impressions and expectations of healthcare professionals

A significant number of students explained to feel encouraged by positive impressions or expectations of healthcare professionals. Students reported varying reasons for these positive feelings about healthcare professionals. For instance, most respondents indicated they felt comfortable with the fact that the healthcare professional is objective. Some respondents preferred this objectivity, for they felt this would help them to reflect on their issues from a different point of view. Additionally, some respondents stated they felt comfortable with the idea that healthcare professionals are unrelated to them: *I thought it was nice to have someone who is objective about it, because your friends are always trying to make it sound good and talk about it in such a way that it's looks positive for you. I just wanted to know what someone, who had nothing to do with it, thought about all of this*[36]. Furthermore, this respondent explained to feel comfortable with seeking professional help for the first time, since his parents were satisfied with their previous experiences. The second time this student considered seeking help he relied on his own previous positive experience.

A few students reported they also felt comfortable with professional help, as they had a positive impression of a specific healthcare professional. For example, two students explained to feel comfortable with the appearance of a psychologist in a photograph on the web and another student consulted a teacher she trusted when she found out he was also the special education generalist.

Taken together, these examples show different assumptions about healthcare professionals that mostly rely on impressions or expectations. Taken into account that one respondent derived his expectations from a previous experience, it seems likely that earlier positive experiences account for

a small proportion of all expectations of healthcare professionals. This small proportion contrasts with the importance of earlier negative experiences, that seem to contribute largely to the expectations about treatment.

Increase in severity

A minority of all students described an increase of complaints that had contributed towards their intentions to seek professional help. Three students reported that a series of life changing events accompanied the increase in the complaints they suffered from. For example, one of these students explained that the first attempt to seek help for the problems she experienced was induced by a traumatic event. This attempt remained unsuccessful as she quit therapy after two negative experiences. Over time the memory of the traumatic event she had experienced faded and she decided to cope with the problems that remained. Nevertheless, she explained a broken relationship provoked her mental health problems yet again: *then my world collapsed, I was totally depressed and I was completely on my own. I had the worst time of my life. Then I decided to go and my general practitioner sent me to the student psychologist, who I visited twice*[37]. This quote shows the attempt to seek help was induced by a life changing event that directly increased her complaints.

One respondent described a different association between the increase in complaints and the intention to seek help. This student indicated she had experienced mental health problems in multiple successive periods in which her complaints seemed to aggravate. Accordingly, she decided: *then, at the end, when it was really tough, I had suicidal thoughts and I thought, I really don't want to go through this again. This is not okay*[38]. This quote demonstrates that a period of suicidal ideation had made this student realise her mental health problems needed treatment.

Overall, it seems evident that a rapid increase in complaints can induce seeking professional help. In addition, traumatic or life changing events can enhance this process.

Summarising, the encouraging factors described in this section seem to fall in two categories: (1) factors that decrease the barriers to seeking help and (2) factors that emphasise the need for help. The first category encompasses the importance of acknowledgement of mental health problems and the increasing impressions of healthcare professionals that could result in positive expectations. The second category involves the support from the parents and the environment of the student, and could involve sudden increases in complaints that emphasise the need for professional help.

5.3 The role of the Internet

The role of the Internet in seeking help for mental health problems could encompass two interpretations: the role of the Internet in encouraging students to seek professional help and the role of the Internet in providing useful information on mental health problems. At first, the researchers aimed to investigate only the first role of the Internet. However, the first two interviews showed that the role of the Internet was unpredictably small. Therefore, the focus shifted to exploring the second role of the Internet. Figure 5 shows all the purposes the Internet was used for and, additionally, shows whether students have used the Internet before they sought help in order to depict the role of the Internet in seeing professional help. Lastly, figure 5 shows one respondent was not asked about the use of the Internet.

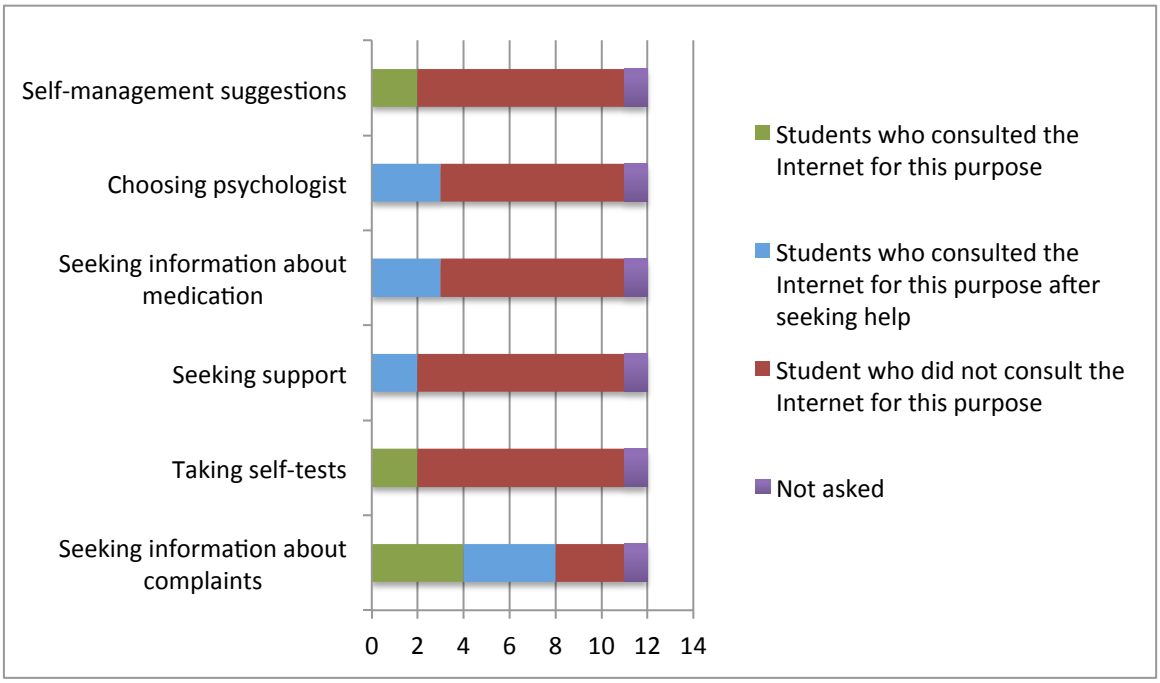

Figure 5: Overview of Internet use

Self-management suggestions

Two students mentioned the use of the Internet for seeking self-management suggestions. One of these students explained some difficulties in persisting in self-management therapies, whereas the other student indicated he had persisted in trying all self-help advices except the advice to seek professional help.

The students described a small number of self-help advices they had tried, such as: online mindfulness courses, more psychical activity, healthy eating and quit smoking. Nevertheless, both students admitted they had known about the possibility of seeking professional help, although they had postponed following this advice for many years.

Choosing a psychologist

Three respondents used the Internet for choosing a psychologist after they received a referral letter from their general practitioner. A common reason for approaching a specific psychologist was the location of the practice. This was one of the first criteria students selected a healthcare professional for. Nevertheless, psychologists were mostly chosen for their reliable and friendly appearance in an online photograph. However, one respondent chose to consult a psychologist specialised in the problems she experienced. Overall, this information was gathered by using the Internet.

Seeking information about medication

Three respondents explained they had consulted the Internet to find information on medication. These students were concerned about the side effects of the prescribed medication or sought for information about the time till the effect of the medication was noticed. Students explained to seek information about medication on the Internet in order to comfort themselves. However, one student noted to feel disappointed in the end: *then you find that it goes away quickly by using medication. However, then you're like: it doesn't go away. And that's hard to cope with*[39].

Seeking support

Two students indicated they had used the Internet to seek support for the complaints they suffered from. One student found support in visiting fora to share feelings with peers who experience similar problems. The other student also consulted fora to share feelings with peers, however, this student indicated that the newspaper drew the attention to an event that was organised for people who suffered from similar complaints. This student visited the event to meet peers with similar complaints and find support.

Another student who had not used the Internet for this purpose pointed to the fact that the Internet could be useful for providing support to peers with similar problems: *I do think that it could be a support. For example, that you are not the only one who suffers from something like that and that you'll find on the Internet that there are others with similar experiences. And they will be able to tell you how they cope with it*[40].

Taking self-tests

Both students who used self-tests explained they had performed these tests to affirm their hypothesis on the causes of their complaints. In fact, none of the students who used self-tests aimed for gaining knowledge on the cause of their complaints. Therefore, some students were informed about the Student Health Check in order to gain some insights in the potential use of self-tests. The views of the five respondents fall into two categories. To begin with the potential to facilitate professional help seeking, all respondents noted self-test could be effective under some conditions. For instance, one student explained self-tests could only be effective for specific problems: *yes, with regard to self-tests you must really have a specific problem, I think. Otherwise, it is probably hard to seek information about it, because I didn't really have a specific problem*[41]. Three other students indicated that they would be willing to perform a self-test when the test looks reliable. As one

student noted: *on the Internet there are many self-tests like that about how things are with your mental health and then you never really know if you have to take that very seriously or not*[42]. A last opinion on the potential of self-tests to encourage seeking help, involves the statement that self-tests could only be effective for people who are not fully aware of their problems. However, this student concluded with: *I think in the end you really have to realise by yourself that you need help for something and that you have to try and seek that help. Because you really have to belief in it to achieve what you want to achieve, I think*[43].

The second category of views outlined the advantages of digital self-tests. For example, two students defined the anonymity of digital self-tests as an advantage. Additionally, one student explained anonymity could enhance the accessibility of self-tests. Another point that was made concerned the user-friendliness of digital tests. One student indicated that digital self-tests could be performed in any place at any time and, thereby, were user-friendlier than consulting healthcare professionals.

Seeking information about complaints

As a minority of students used the Internet to seek information about their complaints in advance to seeking help, this section will focus on the views of student who did not use the Internet before seeking help or who did not use the Internet at all for this purpose. The two following perceptions on the Internet were most commonly mentioned: firstly, the belief that the amount of incorrect information is abundant on the Internet and secondly, the belief that the Internet would provoke fear of specific diseases or disorders. This second perception of Internet use is illustrated by the quote below.

"No, I didn't use the Internet on purpose, because on the Internet you never know what you are going to find and I thought it would only scare me to know what diseases I could possibly suffer from"[44]

This student described another similar constraint to seeking information on the Internet; however, in this quote the student also referred to the fear of stigma he had felt before he sought professional help: *it did scare me a bit, since I thought if I seek information on the Internet I will end up having this or that disease. And then I will feel completely stigmatised, so that is why I did not look up anything on the Internet*[45].

The perceptions of Internet use described so far mostly address emotions or fears related to information seeking. However, one student indicated his complaints involved specific thoughts that occupied him. Therefore, he felt his complaints could not be provided with solutions by surfing the Web.

Overall, the results in this section show that the Internet is mostly consulted for seeking information about complaints. However, none of the respondents relates the information found on the Web to help-seeking behaviour.

5.4 Students' recommendations

The students who explained what could have helped them to seek professional help in an earlier stage, invented several solutions that can be divided in five categories: educating university students, educating students in primary or secondary school, developing a protocol for student counsellors, promoting help-seeking behaviour and, lastly, improving guidance of students. Overall, these recommendations involve ideas that can be adopted by governmental policy makers or by universities.

Educating university students

Three respondents indicated that more attention should be paid to mental health in university. Therefore, these students proposed to implement education about mental health problems. Most students did not elaborate on the details of this implementation of mental health education; however, one student proposed this education could be provided by means of an informative speech during the introduction days of university.

Nevertheless, most students stressed the importance of the intentions of this mental health education, as they explained several aims mental health education should achieve. Firstly, education could raise awareness of the unfavourable consequences of mental health problems for study progress to emphasise the importance of adequate recognition of complaints. Secondly, this education about mental health could lift taboos on mental health problems to encourage engaging in the conversation about mental health problems. For instance, one student explained that the barriers to confronting fellow students with their problems could decrease as a result of this education: *it is quite scary to see someone in such a condition. I think that, if you educate people in that, it is already a bit more accessible to talk about it*[46]. Lastly, education could increase the acknowledgement of complaints as accepted problems to seek help for as a result of these lifted taboos on mental health problems.

Educating students in primary or secondary school

One student, who agreed on the importance of the discussion of mental health problems, criticised the focus of the education system on science and knowledge. The student indicated that the acknowledgement of mental health problems should be paid attention to in an early phase of childhood. The quote below illustrates this opinion.

"It is all about making it normal to think about stuff like that. Well, yes, maybe it should already be highlighted at the start of high school, or in primary school so that it can become more open to discussion. Yes, that it becomes normal to be educated in that. In how to cope with certain things in life, a bit of psychology related things"[47]

This student stressed that this early education could promote the acceptance of discussing mental health problems in society. He stated that the barriers to seeking help for mental health problems

might decline due to the acceptance of mental health issues. However, this respondent noted that the implementation of courses on mental health or mental wellbeing could be problematic, as children may not cooperate.

Protocol for student counsellors

The importance of the development of a protocol for student counsellors was emphasised by a student who indicated that student counsellors should be well informed on mental health. Although these students seem to have overcome the barriers to seeking help, this student pointed to the fact that these students might not receive appropriate care for their problems still. Additionally, the quote below illustrates consulting a student counsellor might be the first step for most students, since the first sign of decreased mental wellbeing may be declining grades.

"With regard to that I think that a lot of students notice the first signs by means of a decline in the study results and then you will not visit a psychiatrist, but you go to a student counsellor"[48]

This student suggested a protocol could assist student counsellors in referring students with mental health problems to the appropriate healthcare professional, as she felt many students need more intensive guidance that student counsellor could not offer. Additionally, she mentioned that this protocol could elaborate on phrases that can be used or cannot be used during the consult with a student.

Promotion of seeking help

Two students mentioned the same poster about seeking help for mental health problems. These students agreed on the encouraging effect of the text on the poster, as they explained it made them feel comfortable with seeking help for their problems. The quote below shows that the poster induced the feeling that it is normal to seek help for mental health problems.

"Well, due to an accessible poster about that it's almost cool to talk about it. It sounds quite stupid, but when I saw that I thought like, well, that makes me feel okay with it. And perhaps times get rough when they come here, but you need to get them here at first. So it's quite a good way to get them here"[49]

The other student added that the poster provoked the feeling that one does not need a clinical diagnosis of a mental illness to consult a healthcare professional. For that reason, the feeling that her complaints were not serious enough subsided and she felt more comfortable with the therapy she had engaged in.

Another student mentioned that leaflets could also promote seeking help for mental health problems. These leaflets could provide information the sources of professional help offered by their

university. This student also noted that this initiative of universities to provide information on mental health problems could endorse their acknowledgement of mental health problems.

Intensive guidance

Lastly, a medical student pointed out that extensive guidance is missing during the internships in the hospitals. As a result the possibility to notify problems was not offered to students who suffer from complaints. Besides, this student explained that due to a lack of extensive guidance, severe mental health problems could not be recognised in time. Accordingly, students could develop burnouts or other mental illnesses, while being unnoticed.

Overall, these solutions stress the importance of the acknowledgement mental health problems in encouraging student to seek professional help. This acknowledgement was suggested to be more important than the medium through which this acknowledgement is transmitted, as one student concluded: *there should be more general understanding and acknowledgement of mental health problems. That you notice that it frequently occurs, by means of the Internet or by means of something else, and that it is okay. That it is not okay, but that it is okay that it is not okay. That you can suffer from mental health problems as well as you can suffer from having a broken leg*[50].

6. Discussion & conclusion

As a significant number of students do not seek professional help for mental health problems, this study aims to make recommendations to the Student Health Services on how to encourage Dutch students with mental health problems to seek professional help in order to prevent study delay and progression of these problems. Furthermore, the Student Health Services were interested in the role of the Internet in seeking help for mental health problems, since this practice of general practitioners invested in this medium to communicate with the non-help-seeking students for several reasons. These current knowledge gaps were addressed by four sub questions, which are defined and interpreted below.

6.1 Barriers

The results show a significant number of barriers that derived from the interviews. The most commonly found barrier was the feeling of self-perceived weakness associated with seeking professional help. In-depth questioning showed that trivialising attitudes towards seeking help are strongly associated with shame and this self-perceived weakness. Therefore, it seems likely that feelings of shame and weakness are the underlying motives of trivialising behaviour towards seeking professional help. Consequently, trivialisation is found to enhance non-help-seeking behaviour of student with mental health problems. Examples of trivialising behaviour that were found in this study are the belief in the spontaneous subsidence of complaints and the belief that the experienced mental health problems are not severe enough to seek help for. These attitudes could result in repeated attempts to cope with mental health problems.

Furthermore, most students indicated two types of stigma associated with mental health problems: public stigma and self-stigma. The first type of stigma might be more common among medical students and law students, as these professional groups are characterised by competitive students, who fear being unable to live up to the expectations of society. The second type of stigma, the self-stigma, put more emphasis on the internal struggles to admit that mental health problems are experienced. These struggles seem to result from fears of being stigmatised or the reluctance to accept a diagnosis. These internalisations of public stigma point to the fact that public stigma and self-stigma are related concepts. Additionally, both types of stigma often result in feelings of shame and reluctance to seek help.

Moreover, non-help-seeking behaviour was often associated with negative experience with healthcare professionals in the past. Most negative experiences were due to indifferent and careless communication that, accordingly, will be provided with some recommendations in the next section. Conversely, the lack of parental support for seeking professional help is difficult to address with solutions. However, a substantial number of students described the lack of support as a barrier to seeking professional help.

Additionally, there are some barriers that were reported by a minority of students. First of all, some students explained to feel restrained to seek professional help by feelings of guilt. They felt their

problems needed a cause, such as childhood traumas or social rejection. Furthermore, some students reported negative beliefs about therapy. For instance, fears about side effects and doubts about the efficacy of possible treatments. Lastly, a few students reported being unaware of complaints, fear for discussing mental health complaints, practical constraints to engage in therapy and the costs of healthcare as barriers to seeking help.

6.2 Encouraging factors

Encouraging factors could facilitate seeking professional help by means of two approaches: decreasing barriers to seeking help and emphasising the need for help. The most frequently reported incentive which could decrease the barriers to seeking help was the awareness of the acknowledgement of mental health problems. The results show two causes of this awareness: the recognition of similar complaints through television series and the prevalence of mental health complaints among friends or family. However, in some cases the acknowledgement of mental health problems was discovered after seeking help, as the healthcare professional could also raise awareness of the high prevalence of mental health problems. Thereby, a few students felt encouraged to share their problems with peers and discovered that their complaints were acknowledged problems to seek help for. Another commonly reported factor that could decrease the barriers to seeking help was a comfortable feeling with healthcare professionals. Students noted several reasons for their positive attitude towards healthcare professionals including the objectivity of healthcare professionals, the unbiased view on the problems the students experience and previous positive experiences with healthcare professionals.

Encouraging factors that emphasised the need for professional help mostly involved the parents of the students. Most students explained that the initiative to seek help was induced by their parents, whereas some students who explained to feel supported by their parents reported other factors had induced them to seek help. Furthermore, a significant number of students explained that the initiative to seek help was induced by student counsellors, peers or colleagues, as these members of the social environment confronted the students with their complaints. Lastly, some students indicated that a sudden increase of complaints could induce seeking help due to the acceptance of the need for help. Mostly, the sudden increase of complaints involved emotional or life changing events.

6.3 The role of the Internet

A few students mentioned the use of the Internet for seeking information about the complaints they suffered from. Some of them indicated that they could imagine the Internet was a preferred source of information for some students, as one can surf the Web anonymously. However, they also pointed out they had not used the Internet themselves. Accordingly, none of the participating students felt encouraged by information on the Internet to seek professional help. Some students even explained to avoid the Internet for seeking information, as they feared to find a variety of severe mental illnesses that they might suffer from. These students indicated they did not trust the information provided by the Web and, consequently, preferred the healthcare professional to the Internet.

6.4 Students' recommendations

The students who explained what could have helped them to seek professional help in an earlier stage, invented several solutions that can be divided into five categories: (1) educating university students, (2) educating students in primary or secondary school, (3) developing a protocol for student counsellors, (4) promoting help-seeking behaviour and (5) improving the guidance of students.

Firstly, some students emphasised the importance of extensive education for first year university students for several purposes, such as: raising awareness for mental health problems, explaining the adverse effects of them on study progress, facilitating the recognition of complaints and, accordingly, lifting taboos and decrease the stigma attached to mental health problems. Additionally, universities show their acknowledgement of mental health problems by encouraging the discussion of mental health problems. Secondly, educating young children in mental health, in expressing emotions and in spirituality was purposed to lift taboos and decrease stigma. Consequently, mental health problems will become acknowledged complaints to seek help for. Thirdly, the need for a protocol for student counsellors was stressed, as the first signs of decreased mental wellbeing may be a decline in grades. As a result students consult their student counsellor and, consequently, they will not receive the appropriate help for the cause of their declining grades. Fourthly, several students emphasised the need for promoting seeking help for mental health problems by distributing posters or designing appropriate leaflets. These students mentioned that this could have a positive effect on the acknowledgement of mental health problems and the increased accessibility of healthcare to students with mental health complaints. Finally, extensive guidance throughout the study was purposed to facilitate early recognition of complaints and, thereby, severe progression of complaints and study delay.

Overall, self-perceived weakness, negative experiences with healthcare professionals and stigma seem to be the most common barriers to professional help seeking, which can be addressed by several solutions to encourage help-seeking behaviour. As the acknowledgement of mental health problems was the most commonly reported factor to encourage students to seek professional help, this might be the appropriate purpose of the interventions for reluctant help seekers. Additionally, the number of solutions that address the acknowledgment of mental health problems reflects the importance of this purpose. Furthermore, students with mental health problems can also be encouraged to seek help by emphasising the need for this help. In this solution, universities, parents and peers play an essential role. Lastly, the findings of this study suggest that the role of the Internet in the help seeking process is limited.

6.5 Reflection on the theoretical contribution

The results of this study show a number of findings that were described in existing literature. Verouden *et al.* (2010) describes four types of non-help-seeking behaviour of Dutch students. Although the descriptions of these four types of students show barriers to seeking help that are similar to the barriers found in this study, the implications of the findings differ. For instance, Verouden described several reasons of students for denying complaints, such as: the feeling that complaints are not severe enough, the preference of feeling 'normal' over acknowledging that their problems need help and the thought that the experienced mental health problems are part of the normal stresses of life. Verouden explains these reasons for not seeking help by: "people often have priorities other than becoming healthy, such as for instance, making sense of their lives or managing uncertainty, and that their subsequent behavior can therefore be counterproductive to health" (2010, p. 319). This explanation shows that the findings are interpreted as explanations for non-help-seeking behaviour in itself, whereas the results of this study suggest that self-perceived weakness gives rise to these reasons for non-help-seeking behaviour. Likewise, Verouden's reasons for not seeking help encompass examples of the normalising behaviour described by Biddle *et al.* (2007). As mentioned before, Biddle *et al*. (2007) defined the willingness of young adults to continue solving their own problems as a process of normalisation, since young adults think their problems are part of the normal stresses of life. Similarly, Biddle failed to explain the underlying motives that result in these normalising beliefs. Accordingly, both studies do not elaborate on the causes of this normalising behaviour.

Furthermore, this study provides recommendations for increasing help-seeking behaviour that address similar themes as the mental health literacy by means of a contact-based programme that was used in a study of Corrigan *et al.* (2014). Corrigan *et al.* developed contact-based intervention programmes to decrease the stigma associated with mental illnesses in order to encourage help seeking. Although these programmes could reduce stigma, the increasing effect on seeking professional help was insignificant. In this study, two explanations were found that might explain Corrigan's results. Firstly, it seems likely that Corrigan's intervention programmes focussed on mental illnesses instead of the wide variety of mental health problems that can interfere with day-to-day functioning. Secondly, Corrigan's mental health literacy might have missed the importance of denial of problems due to self-perceived weakness. These explanations were supported by a recent systematic review about the impact of stigma on seeking help (Clement *et al.*, 2015). This review showed numerous stigmatising beliefs about people with mental illnesses who receive mental healthcare, such as: the belief that these people have failed to deal with the problems of life, the belief that these people lack will power and the belief that these people can be blamed for their problems, as they are exaggerating. These stigmatising beliefs were also found in this study.

Another point that can be made is the influence of negative experiences on future help-seeking intentions. Even though this barrier to seeking help has been described in some previous studies (Kuhl *et al.*, 1997; Wilson & Deane, 2001), the impact of these negative experiences was still underexposed. This study emphasises the importance of the healthcare professional in adherence to therapy. Especially in the Netherlands, the general practitioner has an important role in stimulating therapy adherence.

Finally, the Student Health Services expected that the Internet could promote certain behaviours, such as seeking professional help. As found by Portnoy et al. (2008), the Internet has the potential to promote health behaviour. This study partly confirms Portnoy's findings, as students who reported Internet use for self-management purposes were found to adopt most health behaviour. However, when all self-help suggestions are insufficient the advice to seek professional help was not adopted by the students. Besides, even though our findings support the idea that the Internet could satisfy students' needs for self-management by means of anonymously accessible tools and knowledge, this medium can only be effective for students with mental health problems if it is commonly used. As this study shows that 33% of the students with mental health complaints have sought information about their complaints on the Internet, a majority of the students with mental health problems would not benefit from the education found on the Web. Additionally, the number of students who had used the Internet to seek information about their complaints in this study is probably even an over-estimation of the accurate number of information seekers. In comparison, Powell & Clarke (2006) found that 20,5% of the people with mental health problems in their history had used the Internet to seek information about mental health. However, it should be noted that these figures could not be compared equally, as the estimations from Powell & Clarke (2006) were found nearly ten years ago. As a consequence of the still increasing use of the Internet these figures may be out-dated.

6.6 Strengths and limitations of the research

The retrospective design of this study could provide a clear view on the complete help-seeking process. Therefore, this approach resulted in three benefits: it was possible to gain insight in barriers and encouraging factors experienced by the same student; the interpretations of non-help-seeking behaviour were minimally biased by the researchers, since students interpreted their own behaviour by self-reflection; and students were able to explain what could have encouraged them to seek professional help more adequately from their own points of view. However, this approach also caused some limitations. For instance, recall bias might have troubled students' view on the barriers experienced many years ago. Furthermore, this approach might have caused selection bias, since students who have engaged unsuccessfully in seeking help may have participated in this study to share negative experiences. As a result of this selection bias, the importance of negative experiences may have been on over-estimated.

One of the aims was to optimise building rapport to ensure validity (DiCicco-Bloom & Crabtree, 2006). More specifically, attention was paid to making the respondents feel comfortable to facilitate an open conversation. As the students were comfortable and open during the interviews, it is likely that rapport was effectively built. On top of that, one student explained to encounter difficulties in trusting a new psychologist; yet this student noted to feel none of these difficulties during the interview, as this student felt taken seriously by the interviewer.

It should also be mentioned that this study suffered from some additional limitations. First of all, the interviewer who gathered the data, may have failed to avoid suggestive questioning during the first interviews. These data therefore need to be interpreted with caution. Another potential concern might be the unequal gender distribution, since eight women and four men were interviewed. As the

evidence for gender differences in the intention to seek professional help is significant (Czyz *et al.*, 2013; Chandra & Minkovitz, 2006; Rickwood & Braithwaite, 1994), this study might represent the perceptions of female students more than the perceptions of male students. Additionally, due to restricted time for this research project, it was not possible to investigate gender differences into detail. Finally, this study showed an insignificant role of the Internet in seeking professional help for mental health complaints; however, these findings must be interpreted with caution for two reasons. Firstly, the small sample size of this study cannot provide an accurate prediction of the Internet use for mental health problems. Secondly, the students that reported using the Internet for information about their complaints may not link the information they received to help-seeking intentions, while there still might be an association. In this case recall bias could have influenced the perception of this association, since many students reflected on help-seeking intentions of years before.

6.7 Recommendations

Both the views of students on solutions for encouraging help-seeking behaviour and the insights of students on their own help-seeking intentions contributed to the formulation of the four recommendations described below. It should also be mentioned that these recommendations could address multiple actors, such as: governmental policymakers, educational institutes and healthcare professionals.

Acknowledgement mental health problems

Intervention programmes regarding mental health literacy is an effective tool to decrease stigma attached to mental illnesses. However, these intervention programmes seem to be insufficient for encouraging students to seek help for mental health problems. Therefore, mental health literacy should aim to address a wide variety of complaints related to mental health and should play a significant role in education. Attention for affective and emotional development in primary education might be an effective start to lift taboos on mental health problems and to discuss emotions, since young children adopt these emotional competences rapidly (Webster-Stratton & Reid, 2004). This type of education can be defined as “introspective education”, as it aims to teach young children to reflect on emotions and focuses on the mind. Accordingly, it is likely that discussing emotions becomes a more general practice. In conclusion, governmental policy makers are recommended to adopt the idea of introspective education. However, more research into suitable teaching methods is needed before this introspective education can be implemented.

Furthermore, universities could contribute to the acknowledgement of mental health problems by paying more attention to educating students about mental health and the mental health services offered by the university. These educative speeches could emphasise both mental health problems that affect study progress and study-related mental health problems, since both these types of problems have an effect on study performance. As universities benefit from students who are in an optimal state of mental wellbeing, they should be concerned with the mental health of their students. Lastly, seeking help could be promoted for a variety of problems in between optimal mental wellbeing and mental illness. Posters, leaflets or largely organised campaigns to promote

seeking professional help for all these types of mental health problems might tackle the fear of exaggerating complaints and the related feeling of self-perceived weakness.

Overall, both introspective education and sufficient education in university are recommended in order to increase the acknowledgement of mental health problems and, accordingly, to encourage seeking help for mental health problems.

Recognition of mental health problems

Increasing acknowledgement might result in an increase in recognition, since acknowledged complaints are comfortably shared with others. Therefore, the signs of mental health problems can be recognised easily. Nevertheless, more measures can be taken by educational institutes to improve recognition of mental health problems among students.

Firstly, students could be guided more intensely during their study. Some educational institutes already provide this intensive guidance by monitoring students who reported issues during an intake interview. Study career supervisors, mentors, student counsellors or study coaches can perform these interviews to assess all students for mental health problems. These personal intake interviews could take place several times a year to monitor the student who seemed to feel well in the first intake interview. This intensive guidance might be essential for students who are under pressure because of competitive internships or demanding studies. An example of this could be the medical students who participate in competitive internships in hospitals for two years or more. These students might need intensive guidance to discover mental health problems before they might develop in severe mental illnesses and burnouts.

Secondly, it is possible that student counsellors may benefit from a protocol in order to assess the level of wellbeing of the consulting students. As the first signs of mental health complaints could be declining grades it is likely that the first contact with a professional is with a student counsellor. The protocol can be used as a guide for referring students with specific problems to the appropriate healthcare professional. However, it should be noted that further research is needed to design such a protocol to make an inventory of all signs of mental health problems that can be noticed. Additionally, students mostly do not tend to report mental health problems to a student counsellor. Therefore, it is necessary for student counsellors to actively inform to a student's state of wellbeing to discover possible causes of the declining grades. In order to make these mental health assessments, it could be useful for student counsellors to participate in additional education, as mental health is thus far a sensitive topic.

All in all, universities could play an essential role in facilitating adequate recognition of students with mental health problems, since educational key players in university have contact with students regularly. Besides, adequate recognition of students with mental health complaints could prevent study delay and aggravating complaints and therefore, benefit universities.

Recommendations to general practitioners

As negative experiences were a commonly described barrier, it is worth noting that all healthcare professionals can contribute to avoiding these negative experiences. Especially, since most negative

experiences were due to indifferent and careless communication that can easily be prevented. Therefore, healthcare professionals should be aware of their attitude and its effect on their patients. Attention must be paid to showing empathy to ensure that patients feel taken seriously. As a result of this patients feel encouraged to comply with the therapy they engaged in. Besides, it is important to realise this encouragement is easy for patients with physical complaints, but is much more complicated for patients with mental health complaints. Most of these patients have overcome a number of barriers before they decided to consult a healthcare professional and still feel anxious about the severity of their complaints and their right to be there.

Another action of general practitioners that was appreciated was the follow-up. A short call or message could be enough for students to make them reconsider seeking help or, in good cases, make them re-evaluate the problems they visited the general practitioner for. In conclusion, it is seems evident that encouraging students with mental health problems during their first consult and after their first consult is essential. Especially in the Netherlands, since general practitioners have an important role in referring patients to the appropriate specialist.

The use of the Internet for mental health problems

As mentioned before, the findings on the use of the Internet for mental health problems should be interpreted with caution. Therefore, this topic needs further exploration with quantitative research. However, qualitative research might be appropriate to investigate the role of social media in decreasing stigma and increasing acknowledgement of mental health complaints. As students mentioned they felt induced to seek help by carefully designed posters, it is likely that social media could produce a similar effect when using the same designs. It might be useful to address Internet use from another perspective to investigate the effect of social media on lifting taboos and decreasing stigma. For instance, research could aim to understand the effect of advertisements distributed through social media by gaining insights in students' perceptions of these interactive platforms.

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Annex A: quote translations

[1] "Wat ik net al even kort zei was dat ik het ook gewoon heel erg beschamend vond en ik dacht als ik in therapie ga dan zegt dat over je dat je het zelf niet kunt. Dus dan bevestigt dat het idee over mezelf van "jij kan dingen niet, je kan het niet zelf, je bent niet sterk genoeg", dus als je daar dan hulp bij gaat zoeken dat bevestigt dat dat en dan vinden andere mensen me nog zwakker dan ik misschien nu al lijk. En dat was ook zeker wel echt een punt waar ik erg mee liep en waardoor ik het dus in eerste instantie denk ook heel lang heb verzwegen voor heel veel mensen" – Respondent 3

[1] "Wat ik net al even kort zei was dat ik het ook gewoon heel erg beschamend vond en ik dacht als ik in therapie ga dan zegt dat over je dat je het zelf niet kunt. Dus dan bevestigt dat het idee over mezelf van "jij kan dingen niet, je kan het niet zelf, je bent niet sterk genoeg", dus als je daar dan hulp bij gaat zoeken dat bevestigt dat dat en dan vinden andere mensen me nog zwakker dan ik misschien nu al lijk. En dat was ook zeker wel echt een punt waar ik erg mee liep en waardoor ik het dus in eerste instantie denk ook heel lang heb verzwegen voor heel veel mensen" – Respondent 3

[2] "ik hou mezelf ook wel eens voor dat ik echt mezelf aanstel. Van dat het allemaal echt wel meevalt hoe, ja, hoe erg ik het heb zeg maar. Denk van ja, ik stel me aan of zo. Moet eventjes even iets sterker zijn, even doorpakken, even doorzetten. En het valt allemaal wel mee, straks kom ik weer bij een psycholoog en dan kijken ze alsof ik me aan het aanstellen ben, omdat ik niet echt problemen heb" - Respondent 4

[3] "er was nooit bij gezegd dat depressie en dat soort dingen daar ook bij hoort. Leerproblemen wel, of als je denkt dat je dyslectisch bent of ADHD hebt of zoiets dergelijks ja dat wel, maar niemand die iets over depressie had gezegd. Dus ik dacht ja daar is het dan zeker niet voor"- Respondent 9

[4] "dan vond ik het wel inderdaad stom van mezelf dat ik het niet zelf, uit ja uit kon zoeken eigenlijk" – Respondent 1

[5] "als er tijd voorbij gaat dan zal er vergeet ik het steeds meer. Wat op zich wel een beetje goeie gedachte is want het is ook wel een beetje zo. Maar ik moet, ik hield vol en dat vol houden dat gaat een keer.. trek je dat niet meer"- Respondent 5

[6] "omdat ik dus tot dan aan toe zat ik dat gewoon maar weg te moffelen van ja, maar, het zal wel nodig zijn maar goed ik vind het, ik heb geen tijd, geen zin in, geen tijd voor, ik wil er niet mee geconfronteerd worden, o, ik heb het ook helemaal niet nodig, want het gaat toch goed zoals het nu gaat." – Respondent 3

[7] "Ik wil eerst kijken of ik het gewoon red door even m'n studie uit te zitten en dan te kijken wat er gebeurt in plaats van dat ik in therapie ga en een maand later eigenlijk de grootste triggers voor m'n negatieve gedachtes eigenlijk dat dat wegvalt" – Respondent 4

[8] "Ja, ik denk het wel vooral in het begin, omdat ik toen niet wist of het door zou zetten. Dus dan dacht ik eerst van nou het gaat wel weer over. En ook wel lang omdat ik het idee had dat m'n probleem helemaal niet erg genoeg was om naar de huisarts te gaan eigenlijk. Of om ergens weer naar toe te gaan, want ja dat kwam vooral denk ik doordat ik het idee had dat m'n probleem niet ernstig genoeg was om naar iets toe te gaan" – Respondent 12

[9]"Het toegeven dat je dat hebt mensen schrikken dan toch al een beetje of deinzen terug van goh hm hoe jij dan arts worden. Ja dat is een heel overdreven of uitvergrootte reactie maar dat denken ze dan wel" – Respondent 6

[10] "Ik denk niet dat er een stigma is, maar het is een beetje een verkeerde woordkeuze misschien, maar ik denk dat bepaalde mensen dat oordeel hebben. En ik heb het echt over bepaalde mensen, ik denk dat het meer aan die bepaalde mensen ligt dan dat er nu objectief gezien op psychologen een soort van beeld heerst van oeh, dat is eng en als je daarmee praat dan heb je een ziekte en dan ben je dus anders" – Respondent 11

[11] "als er iemand komt, hij legt wel z'n hart op tafel weet je wel. Van je moet daar echt heel voorzichtig mee omgaan om mensen niet af te schrikken om maar iets hulp bij te zoeken. Niet iedereen rent met z'n verwijsbrief zomaar naar de psycholoog. Ik denk dat er echt moet worden gelet op dat iemand zich echt serieus genomen voelt. Want het heeft echt mijn hele zin om hulp te zoeken, compleet verpest, dat dat hoe die man met mij omging" – Respondent 4

[12] "Maar ja, daar wilde die eigenlijk niks van weten, want hij had zoiets van ja na zeven jaar is dat ook afgesloten en naja het was wel ruim zeven jaar geleden uiteraard" – Respondent 9

[13] "En de follow-up had ik ook heel fijn gevonden. Dat er even wordt gecheckt of je er iets mee hebt gedaan of niet. Dat is op dit moment helemaal niet. Dan denk ik er komen hier hele emotionele mensen waarmee het echt slecht gaat en ze lopen dan tien minuten later de deur uit en niemand weet hoe het verder met ze gaat. En dat was dan hoe zij hulp zochten. Dan denk ik er moet voorzichtiger mee worden omgegaan. Die mensen verdwijnen voor hetzelfde geld weer in hun bed voor een heel jaar" – Respondent 4

[14] "als je naar een psycholoog gaat dan geef je dus toe dat je ergens last van hebt en dat toegeven is al echt heel erg moeilijk. Dat doe je gewoon niet zo snel. Dus dat is echt ook al een grote stap als je toe kan geven "ja, ik heb hier last van" – Respondent 5

[15] "ik denk dat dat een probleem is voor mensen om over die streep te komen. Daarom denk ik dat dat luchtige goed is. Dat een psycholoog niet van een of andere hogere orde is wat dan eigenlijk ook

bevestigt dat jij anders bent dan anderen. Want dat stigma heeft het voor sommige mensen misschien ook" – Respondent 11

[16] "Ook vanwege mijn moeder. Die heeft het langst tegen zitten houden dat ik hulp zocht en ze zei dus dat mensen er niet op zitten te wachten en mensen gaan afhaken als je zo lang depressief bent" – Respondent 10

[17] "en als ik in m'n eentje in therapie ga dan ben ik dus bang dat het geen succes heeft. Dat je eigenlijk alleen maar in nare dingen loopt te graven. En dat je dan weer met een naar gevoel naar huis gaat en dat het uiteindelijk niks doet" – Respondent 4

[18] "en op een gegeven moment dan dwaal je zo af en ben je zo diep in de put dat je denkt het heeft toch geen zin. Er is niemand die me kan helpen" – Respondent 10

[19] "Dat je niet bang hoeft te zijn dat je er daardoor meer in komt, omdat je het erover hebt. Wat ik dus dacht eerst" – Respondent 5

[20] "dat is misschien ook waarom ik me er een beetje voor schaam of waarom ik denk dat ik het zelf doe, omdat ik eigenlijk helemaal voor mezelf helemaal geen reden heb waarom ik dat gedaan heb. Ik heb helemaal geen slechte jeugd gehad; een hele goede jeugd zelfs. En ik heb op een hele goede school gezeten en altijd goede vrienden gehad en ik was altijd heel goed op school. Ik haalde altijd hoge cijfers, dus ik had voor mezelf het idee dat het niet mocht" – Respondent 8

[21] "iedereen doet zich altijd maar zo goed voor. Dat is heel vervelend, want daardoor had ik altijd het idee dat het een beetje raar was dat ik dit had en had ik het er met niemand over. Ik had er nooit met iemand over gepraat" – Respondent 5

[22] "dus bijvoorbeeld ik had ook van de huisarts het nummer van een psycholoog gekregen, maar die was alleen maar telefonisch beschikbaar in de ochtend en ik was niet beschikbaar in de ochtend" – Respondent 7

[23] "het koste me veel tijd op onhandige tijden. Gewoon midden op de dag; ja sorry hoor ik heb gewoon school" – Respondent 2

[24] "maar dat heeft heel lang geduurd voordat ik daaraan toegaf, dat ik dat echt niet zelf kon oplossen" – Respondent 5

[25] “op een gegeven moment houdt het wel op, weet je. Dan heb je ook zoiets van die complete controle raak je kwijt” – Respondent 11

[26] “maar ja ik vond het idee fijner dat iemand me daarbij kon helpen dan dat ik zelf gewoon weet ik hoe lang eventueel nog met die chaotische gedachten rond zou lopen. Daar had ik gewoon echt geen behoefte aan” – Respondent 1

[27] “Toen had ik zoiets van ik lijk eigenlijk best wel op haar in wat ik doe en hoe ik dat uit. En misschien dat dat er wat met haar is ook betekent dat er wat met mij is. En als ze dat daar benoemen en daarna een hulplijn laten zien, dan moet er in Nederland ook een hulplijn voor zijn en zodoende” – Respondent 9

[28] “ik denk dat dat meer gewoon een soort van een bevestiging was van dit is een ziekte. Er zijn mensen die dat hebben en dat betekent niet dat je in bed ligt en alle cliché dingen dat je alleen maar aan het huilen bent en niks meer doet” – Respondent 9

[29] “dat is ook gewoon een legitiem ziek zijn en dus kun je gewoon naar een dokter gaan en niemand die dat raar vindt” – Respondent 9

[30] “sinds ik er zelf zeg maar open over ben tegen vrienden en zo, merk ik dat dus heel veel vrienden ook gewoon bij een psycholoog lopen of voor psychische problemen naar een huisarts gaan. Terwijl eerst had ik heel erg het gevoel dat ik daarin de enige was. Als je weet dat het best wel normaal is dan is het wel makkelijker om die stap te nemen” – Respondent 7

[31] “eerlijk gezegd zou ik het zelf niet eens weten, want ik vind het helemaal niet gênant en ik ben inmiddels ook door mijn studie er heilig van overtuigd dat iedereen momenten heeft waarbij iemand af en toe eens moet zeggen “je bekijkt het nu zo, maar heb je er ook wel eens zo over nagedacht en heb je ook wel eens vanuit die hoek bekeken?” Dat heb je gewoon nodig” – Respondent 3

[32] “Uiteindelijk was mijn moeder ook zo van ja ga maar. En dat helpt dan wel. Ik was natuurlijk een breekbaar vogeltje, dus als je moeder dan zegt van ga maar […] dan pas wordt het serieus. Dan is het echt nodig als mijn moeder het ook inziet” – Respondent 10

[33] “dat was ook wel iets waarvan ik dacht als hij het niks vindt en ik zie ook niet aan hem dat het hem helpt, waarom zou ik het dan doen? Dan zal het mij waarschijnlijk ook niet helpen” – Respondent 3

[34] "daar worden psychische klachten nog niet heel erg erkend. Dan ben je snel gek. Dus mijn moeder stond daar heel sceptisch tegenover dat ik dat ging doen. Ja, toch wel gek, want ze zei wel dat ik hulp moest hebben, maar ze vond het toch gek dat ik dat ging doen. En dat voelde ik en dat maakte voor mij de stap ook heel groot om daar iets mee te doen" – Respondent 6

[35] "als ik dat dan ook hoor van mensen dat ze zo'n traject nu beginnen dan denk ik nou cool. Ja en ik zeg dan ook je zal de eerste keren echt niet ervaren dat het je gaat helpen, want het is gewoon de confrontatie die je in het begin heel erg met jezelf gaat opzoeken. Je moet dingen op gaan rakelen die vervelend voelen, maar als je daardoor heen bent dan helpt het echt. Ja, ik denk dat als iemand dat tegen mij had gezegd toentertijd dat dat misschien ook wel had geholpen. Maar ik had toen niet iemand om me heen die die ervaring had" – Respondent 3

[36] "ik vond het gewoon sowieso fijn dat het een beetje objectief bekeken wordt, want ja je vrienden die proberen natuurlijk toch gewoon zo te praten dat het voor jou allemaal fijn is. En ja ik wilde gewoon weten wat iemand die er helemaal niks mee te maken had ervan vond allemaal" – Respondent 1

[37] "toen stortte m'n wereldje in elkaar, was ik hartstikke depressief geworden en stond ik er helemaal alleen voor. Het was echt een rot tijd. En toen ben ik dus wel op eigen kracht gegaan en heeft m'n oude huisarts me dus naar die studentenpsycholoog gestuurd waar ik twee keer heen ben geweest" – Respondent 4

[38] "toen had ik aan het einde toen het echt op z'n zwaarst was ook af en toe gewoon last van suïcidale gedachten en ik dacht dat moet ik gewoon niet weer krijgen. Dat is niet oké" – Respondent 7

[39] "dan vind je toch dat het met medicatie echt super makkelijk over gaat en dan zit je daar zo van: ja, het gaat niet over. Dus dat vond ik wel lastig" - Respondent 7

[40] "Ik denk wel dat het ook sowieso een steun kan zijn. Dat je bijvoorbeeld niet de enige bent die zoiets heeft en je vindt op internet terug dat er anderen zijn die ongeveer hetzelfde ervaren. En die kunnen dan vertellen hoe zij ermee omgaan" - Respondent 6

[41] "Ja, wat testen betreft dan moet je wel echt een specifiek probleem hebben denk ik. Anders is het misschien lastig om iets goed op te zoeken, want ik had eigenlijk niet echt een specifiek probleem" - Respondent 6

[42] “je hebt op internet best wel veel van dat soort testjes over hoe het met je psychische gezondheid gaat en dan weet je toch niet altijd of je dat nu heel serieus moet nemen of niet” - Respondent 7

[43] “ik denk dat je uiteindelijk toch zelf zal moeten bedenken dat je ergens hulp bij wilt en dat dan ook moet proberen te zoeken. Want je moet het toch echt zelf willen om te bereiken wat je wilt bereiken denk ik” - Respondent 3

[44] “Nee, ik heb expres niet op Internet gekeken, want op het internet weet je totaal niet wat je allemaal kan vinden en ik dacht het maakt me alleen maar een beetje angstig dat ik dit of dat heb” - Respondent 5

[45] “daarvoor was ik wel bang, omdat ik dacht als ik op internet ga heb ik opeens die ziekte en die ziekte. En dan wordt ik helemaal gestigmatiseerd daardoor. Dus ik heb helemaal niks op internet opgezocht” - Respondent 5

[46] “het is een beetje afschrikwekkend als iemand er zo aan toe is. Ik denk dat op het moment dat je dus mensen daarover voorlicht dat ze dan toch al een wat minder hoge drempel voelen om daar iets over te zeggen” – Respondent 6

[47] “Het gaat juist om dat normaal worden van over dat soort dingen nadenken. Ja misschien moet dat al gewoon al bij het begin van de middelbare school in de eerste klas of op basisschool dat je daar over kan hebben zeg maar. Ja, dat het normaal wordt om daar gewoon een beetje onderwijs in te krijgen. In hoe pak je leven aan of ja, een beetje psychologie-achtige dingetjes“ – Respondent 5

[48] “In dat opzicht denk ik dat heel veel studenten die klachten als eerste merken aan studieresultaten die omlaag gaan en dan ga je niet naar een psychiater, maar dan ga je naar een studieadviseur” – Respondent 9

[49] “Nou, dus met zo een redelijk ontnuchterend postertje over dat het bijna cool is om er even over te praten. Het klinkt heel debiel, maar toen ik dat zag dacht ik van nou, daar voel me wel luchtig bij. En dan kan het hier wel weer zwaar worden als ze dan eenmaal hier zijn, maar je moet ze dan wel eerst hier krijgen. Dus het is een goeie manier om ze hier te krijgen” – Respondent 11

[50] “dat er eigenlijk gewoon over het algemene breedte meer erkenning komt voor psychische klachten. Dat je hetzij via internet hetzij daarbuiten merkt dat het meer voorkomt en dat het oké is. Dat het niet goed is, maar dat het mag. Dat jij dat mag hebben net zo goed als dat je een gebroken been mag hebben” – Respondent 9