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Student Research Report

Evaluating Awareness & Barriers of UBC Mental Health Services Amongst Upper-Year Students In Relation to Gender and Ethnicity

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Evaluating Awareness & Barriers of UBC Mental Health Services Amongst Upper-Year Students In Relation to Gender and Ethnicity

KIN 464: Health Promotion and Physical Activity

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Executive Summary

The purpose of this study was to identify and analyze the barriers around the current University of British Columbia (UBC) mental health services awareness and accessibility, with a focus on its potential associations of gender and ethnicity. We aimed to provide applicable recommendations based on the results that could improve student awareness of available services, and increase the overall quality of these services for students to gain the maximum possible benefits for their mental health.

This study was conducted following a quantitative study design in which participants completed an online *Qualtrics* survey to provide information about student awareness and barriers to mental health services, giving a better understanding of what could be done to make these services more worthwhile for students. Participants were recruited through postings on social media platforms *Facebook* and *Instagram*, with a target population of upper-year UBC undergraduate students. A combination of close-ended and open-ended questions were presented in the survey, and responses from 41 total participants were collected for further interpretation. Statistical analysis and a form of thematic analysis was used to categorize responses by gender and ethnicity, allowing for an identification of overarching themes among student participants related to the current state of UBC mental health services.

In-depth analysis of the participants' responses and resulting data illustrated a number of key findings. In terms of gender, awareness of mental health services showed minimal differences between men and women, contradicting observations in previous research. Stigma seemed to play a large role in barriers to using these services. In terms of ethnicity, it was found that South Asian students demonstrated the greatest overall levels of awareness, while Filipino students demonstrated the lowest levels of awareness. Our results showed that White students showed the lowest tendencies of being affected by barriers to services despite presenting no differences in awareness, as they were still shown to utilize the most services among ethnic groups. A notable trend among all ethnicities was that a perceived ineffectiveness of services and judgment by friends and family were common barriers to accessing services. Open-ended responses displayed a common tendency in which students determined that mental health services were not a necessity for them, and that negative rumors from peers about the services played a significant role in decisions to not seeking services.

Based on our findings, we came up with four recommendations for UBC mental health services to consider for addressing the noted barriers and awareness issues. These include the creation of an infographic that outlines information on the available services, encouragement and support on the continued use of services for students in need through the integration of feedback forms and goal setting processes, recruitment of peer ambassadors for mental health promotion and service outreach, and finally, future research into the differences in service use between genders that are likely beneficial for creating more effective ways to present mental health resources that align with the preferences of all genders.

Introduction & Literature Review

Mental health is one of the most greatly discussed public health dilemmas today, and particularly a growing concern among post-secondary undergraduate students due to increasing prevalence and severity (Windhorst & Williams, 2016). One recent study on an American university has found that despite fairly high awareness rates of on-campus mental health services at 93%, actual utilization from students with any type of mental health problem was very low at 13% (Bourdon et al., 2020). In addition, a systematic review study found that according to the World Health Organization (WHO), university students are significantly influenced by stigma around mental illness, and consequently have a tendency to be less willing to seek professional help (Storrie et al., 2010). Canadian post-secondary institutions have noticed these problems regarding awareness and willingness to seek support but despite attempts to improve, understanding of the underlying issues are unclear as shown by the insignificant results (Lisnyj et al., 2021). The literature expresses that key barriers to current mental health services at universities must be identified to meet the goal of providing the intended benefits to overall student mental health.

Current Mental Health Resources at UBC

Multiple mental health resources are currently available for all students at the University of British Columbia (UBC), Vancouver Campus. First of all, UBC counselling services provide a variety of methods and programs to help students with their mental health, such as single-session counselling appointments, Wellness Advisors, and group counselling programs. Furthermore, the UBC Student Assistance Program (SAP) is also available for students to receive support for their well being needs, and differs from UBC counselling services in that it not only aids students with their mental health directly, but also with other factors such as academic stress and financial

situations that can impact a students mental health. Currently, according to the UBC Wellbeing Annual Report for the 2020-2021 school year (UBC, 2021), it was reported that only 34% of UBC Undergraduate students indicated that they would know where to access on-campus resources for their mental health if they needed help from a professional. While just 29% of students felt that they were able to manage the demands and stress of being a student, only 37% of students felt that the UBC environment made it easy for students to discuss issues about their mental health. Overall, these findings indicate that although a good portion of UBC students may be struggling with their mental health, most students are not aware of the resources available to them on campus, and that barriers exist that prevent students from receiving help for their mental health (UBC, 2022).

Barriers to Mental Health Services

College students' knowledge of campus mental health services is found to be intrinsically interrelated to their utilization of those services (Yorgason et al., 2008), suggesting that students' lack of awareness and knowledge of the available mental health services could be a barrier to accessing them. Yorgason et al. (2008) found that the need to use mental health services, living on campus, and being a woman were associated with greater knowledge and awareness of the available services. Additionally, there was a significant, positive correlation between awareness of counselling services and the number of semesters students had completed (Yorgason et al., 2008; Hyun et al., 2007).

Yorgason et al. (2008) also found that about 30% of respondents never heard of available mental health services and 38% of respondents reported that they heard of the services but had no knowledge about them (Yorgason et al., 2008). These results point to the potential need for a

university to examine and improve its outreach and marketing programs to increase the awareness and knowledge of mental health services amongst students.

Apart from awareness, college students face many other barriers to accessing mental health support. Stigma involves the negative attitudes towards people based on stereotypes about their attributes. In the United Kingdom, students' perception of stigma was related to their reluctance to access mental health resources (Tucker et al., 2013; Vidourek et al., 2014). Gulliver et al. (2010) and Clement et al. (2015) found that self-stigma and public stigma were some of young people's biggest barriers to seeking help for their mental health. Self-stigma is a person's own internalized attitudes that are often adapted from the public's stigma towards mental health (Corrigan et al., 2006). Additionally, it was common that young people were afraid that breach of confidentiality could lead to stigma from their social circle (Gulliver et al., 2010).

Some researchers have investigated how gender, sexuality and culture play a role in students' barriers toward using psychological health resources. In a study by Veidourek et al. (2014), most students stated that receiving mental health assistance alleviated stress, improved mental functioning, and resolved the issues they first sought assistance for. The authors also found that while there were no significant differences between men and women in terms of the number of perceived barriers to accessing mental health resources, females had less self-stigma than males. Female students also were more likely to report benefits of treatment than males (Veidourek et al., 2014). These results were contradictory to other studies that found that male students had more negative views of accessing mental health resources than their female counterparts (Addis & Mahalik, 2003; Ang et al., 2004; Horwitz et al., 2020; Mojtabai, 2007). Horwitz et al. (2020) reported that male students were more likely than females to have privacy and stigma as barriers to care, while female students, in addition to racial, ethnic, gender, and

sexual minorities, were more likely to have financial barriers. The authors also determined that young students faced more perceptual barriers (e.g., low perceived need, stigma) and older students had more practical barriers (e.g. money, logistics, time).

In Vidourek et al.'s (2014) study, white youth received greater benefits from accessing mental health resources, while reporting more barriers than minorities. However, Diala et al. (2000) and Gonzalez et al. (2005) found that minorities declared more barriers and reaped greater benefits than White students. Asian American students not only reported greater general barriers than European American students but also more cultural barriers, such as concerns about loss of face (Gee et al., 2020; Horwitz et al., 2020). Some researchers found that this greater number of barriers correlated with Asian American students accessing mental health services at a lower rate than their European American counterparts (Eisenberg et al., 2012; Kam et al., 2019; Kearney et al., 2005), but Gee et al. (2020) found that both groups were equal in usage rates despite the difference in amount of barriers. Horwitz et al. (2020) reported that racial, ethnic, gender, and sexual minority students all had a larger number of barriers compared to White, cisgendered, heterosexual students. Current studies have identified barriers students face to accessing mental health resources but more research is still needed, especially concerning how minorities compare to White students and how men compare to women in terms of barriers to and usage of mental health services.

Gaps in Current Research

Although substantial research has been conducted in attempts to explain how internal and external factors impact one’s awareness and ability to seek mental health resources, there exists many discrepancies in the results yielded. Moveover, it is acknowledged that the external validity of a study is limited by the sample size and intended research purpose. Thus, the practical

implications of the above studies are not necessarily generalizable to the UBC population, mostly due to its unique sociocultural context and demographics.

To begin, due to conflicting results, there exists no clear determination of the relationships between gender and culture, and mental health resources access among college students. The mechanisms that lead to such potential differences are also unclear. Although both psychological and contextual barriers have been examined in relation to various demographic groups - age, gender, race/ethnicity, there is limited research on the prevalence of such barriers in one group compared to another. Consequently, the mechanisms that lead to gender and cultural differences in awareness of and access to mental health services, although acknowledged, warrant further exploration.

Another gap in current research relates to the degree of impact that various barriers may contribute to the awareness and access of mental health services. Although there is preliminary evidence that certain barriers may affect specific populations (based on age, gender, race/ethnicity) to a greater extent than others, the degree to which the barriers affect the access to mental health services of each gender or ethnic group is unclear. In particular, though individuals of minority groups (ethnic, gender, or sexual minorities) experience a greater amount of barriers overall, its relation to seeking mental health resources is unclear. Though many internal and external factors associated with accessing mental health services have been addressed, there is a need to establish a deep understanding of the relationships between such factors.

Proposed Research Question and Purpose Statement

Based upon the current gaps in research, the purpose of this study is to examine the awareness and barriers associated with current mental health resources among UBC undergraduate students in relation to their knowledge of resources available, including its access

and quality of service delivery, with a specific focus on comparing such attitudes based on gender and ethnicity. The findings of this study will not only create transparency between students and staff regarding the use and satisfaction of mental health resources, but also allow us to make practical recommendations to UBC on how to enhance accessibility of mental health resources on campus through an equity lens. The research questions that the study will seek to answer are: "What are the differences in mental health service awareness in relation to gender and ethnicity amongst UBC upper year undergraduate students?" and "What are the perceived barriers to mental health service access in relation to gender and ethnicity amongst UBC upper year undergraduate students?"

Methods

Research Design

This study utilized a descriptive survey design and quantitative research. This study aimed to analyze potential barriers to mental health resources at the University of British Columbia (UBC) based on gender and ethnicity differences. Specifically, the survey aimed to identify how differences in gender and ethnicity relate to one's knowledge and awareness of the mental health resources available at UBC. Data in this study was collected using an online *Qualtrics* survey in English. The survey was posted across multiple social media platforms, such as Facebook, where a large number of the UBC student population interacts, as well as on the personal social media of each individual group member. This was done because there is evidence that surveys are more effective in reaching a larger proportion of the population than interviews and can feature more questions while being more time-efficient (Jain, 2021). Utilizing a survey

allowed us to obtain a large sample from social media postings, and to ask a multitude of questions while minimizing the time participants must allocate.

The factors in this study were the gender and ethnicity of the participants, barriers to mental health resources at UBC, and knowledge of what mental health resources are available. Specifically, internal barriers such as stigma and embarrassment, environmental barriers such as a lack of time and access to service buildings, and service barriers such as lack of appointments and poor service were the key barriers investigated in this study.

Study Population

The target population for this study was UBC Vancouver upper-year undergraduate students, specifically 3rd years and above. As the current literature presents, among undergraduate students, non-freshmen tend to be more likely to be searching for mental health resources compared to lower-year students due to increased levels of stress and anxiety, with COVID-19 acting as a key barrier to seeking resources (Kecojevic et al., 2020). It is often the case that in general, freshmen students have had less opportunities to encounter or use university mental health services compared to upper years simply due to having spent less time in school (Bourdon et al., 2020). In addition, stigma has been observed to be negatively associated with the likelihood of undergraduate students perceiving the need to seek mental help, with this only being true for younger students (ages 18-22) and not older students (ages 22 and above) (Golberstein et al., 2008). This led to the decision to focus on only upper-year undergraduate students as opposed to all year levels, accounting for several of the external factors mentioned. The level of internal validity of our study was also a factor in this decision, because having students of all year levels participate would have created the risk of having unequal distributions of students in our sample unless participants were all purposely selected. Students in full-time

studies, part-time studies and distance education were all included as our focus was not on the type of course delivery but rather gender and ethnicity in relation to barriers and awareness. Students had to be enrolled in at least one course, and any graduate students were ineligible.

Recruitment

Upon approval from the group administrators, the recruitment material (Appendix A) was posted in multiple Facebook groups "University of British Columbia (UBC) Class of 2023 (Official Group)" (around 4900 students) and "UBC Class of 2022/2021 (Official Group)" (around 15900 students) Facebook groups because students in those groups should have an upper-year university standing by now. The first group had around 4900 students and the second had about 15900 students, which provided a large pool of upper-year students to recruit from. The recruitment materials were posted on the individual group members' Instagram stories to help with the study recruitment. The post contained both the link to the full project information sheet (link in the social media recruitment material) and the link to the Qualtrics survey. Participants were required to fill out the consent form (link in the survey) before starting the survey so that they understood the purpose of this study, potential risks and benefits as well as confidentiality regarding their responses.

Data Collection and Survey Questions

An online Qualtrics survey conducted from March 14th to March 18th, 2022 served as the method of data collection for this investigation. The survey link was provided to participants who expressed interest during the recruitment period, and was accessible as an embedded link alongside the promotional material. The survey contained 27 primary questions, with several follow-up questions, depending on how participants respond to certain questions. The survey included a combination of close-ended and open-ended questions. Participants were only able to

complete the survey once, and all their responses were anonymously recorded for data analysis. The survey opened on March 14, 2022 Participants had unlimited time to complete the survey, but the survey closed prior to the beginning of the data analysis process, on March 25th, 2022.

The survey began by asking demographic-related, close-ended questions, including participants' year-level, preferred gender, and ethnicity, and country of citizenship. Gender and ethnicity were the primary factors of exploration, and guided the process of answering the research question. It was acknowledged that categorizing ethnicity can be controversial and pose challenges when analyzing the data, as experiences of ethnicity are individual and socially constructed. In attempts to mitigate this, the categories for ethnicity (Appendix C, q4), were based on the UBC Equity and Inclusion Employee Equity Survey which derived their categories based on the Statistics Canada Census (University of British Columbia, 2022). As the UBC ethnicity distribution does not fully reflect that of the rest of Canada due to international students of varying ethnicities, these categories are not without flaws. To mitigate this, an 'other group' option was provided for students to report the ethnicity that best reflected what they identify with. In the preliminary questions, participants had the opportunity to indicate whether they had ever considered seeking mental health services on campus. This information was categorized and statistically assessed during the quantitative analysis, and helped to capture the extent of follow-through when seeking mental health resources on campus. This also better helped contextualize the barrier-related questions, which will be addressed below.

The survey consisted of 10 questions that address various barriers to accessing mental health services on campus. Participants were asked to answer these questions in relation to their overall experience obtaining mental health services on campus, not limited to their most recent experience. This was intended to help capture a more general idea of participant perceptions, as

individual cases may vary and be more susceptible to environmental factors that do not reflect the overall attitudes of the participant. The barriers were split into 3 categories for analysis purposes: internal barriers (3 related questions), environmental and contextual barriers (2 related questions), and service-specific barriers (5 related questions). Examples include barriers related to self-stigma, and fear of judgement, service delivery barriers, and variety of services offered. The barriers addressed were chosen based on the primary barriers reported by university students in the literature review (Corrigan et al., 2006; Gulliver et al., 2010; Horwitz et al., 2020). To better capture the varying degree of attitudes and perceptions of each barrier, each barrier was asked as a statement, where participants were able to select their agreement/disagreement on a 5-point Likert scale, varying from (1) strongly disagree, (2) somewhat disagree, (3) neither agree nor disagree, (4) somewhat agree, (5), strongly agree. To minimize response bias to negatively-worded questions, all questions were asked with affirmative statements (ie: 'this *is* a barrier', 'I *have* experienced this'). Additionally, the numbers associated with each option on the Likert scale were removed in the Qualtrics survey to prevent any preconceived notions of responding for 'high points' or 'high rank'. The benefits of using a Likert scale are plentiful. In the case of our investigation, it allowed us to quantitatively analyze subjective measures (such as beliefs, perceptions), and further understand the extent of impact of each barrier by providing a range of attitudes. Additionally, a likert-scale measure allowed participants to rank multiple barriers as equal impact, which placing services on a hierarchy does not allow one to do (Chimi & Russell, 2009).

The final portion of the survey consisted of 6 questions that address the final topic of the investigation - student awareness and usage of the mental health services. Each question asked students about their awareness of one UBC-operated mental health service based on the Health

and Wellbeing page (UBC, 2022a). The “counsellor in residence” program was not included (UBC, 2022b) in this study as this service is only available and known amongst students who live/have lived in residence. The questions were close-ended and asked students to either indicate ‘yes’: they had used this service, either once or more than once, or ‘no’: they had never used it before but they were aware of it, or they had never used it and were not aware of such service, (Appendix C, q17-22).

In the last section of the survey, participants were given an opportunity to provide further elaboration regarding barriers and experiences associated with accessing and receiving mental health services at UBC through open-ended question-asking. Following this, the option was given to provide any additional information that they wanted to share in a text box. These responses were utilized to supplement the close-ended questions in the survey, allowing the participants to expand on their answers.

Data Analysis

Descriptive quantitative methods were used for this study. Nearly all the questions asked were nominal or ordinal levels of measurement, and thus the available measures of variability and central tendency were limited. This study’s researchers have chosen to use the mode to measure central tendency. To visualize and interpret the results better, responses from the Likert questions and the awareness/usage questions were used to create figures in Qualtrics and Microsoft Excel. Response data was categorized based on ethnicity and gender to better understand the effect these factors have on barriers to and awareness of UBC mental health resources. Gender was categorized into “Men,” “Women,” and “Other Genders.” “Other Genders” was composed of all students who selected a gender option other than man or woman. Students had the option of choosing the following ethnicities: Arab, Black, Chinese, Filipino,

Indigenous (within North America), Japanese, Korean, Latin American, South Asian (e.g., Indian, Pakistani, Sri Lankan), Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai), West Asian (e.g., Iranian, Afghan), White, and Other group. Each ethnicity was considered its own category. Participants who selected multiple ethnicities were reorganized into the multiethnic category during data analysis. Ethnicity and gender categories that were not selected were excluded from figures and tables.

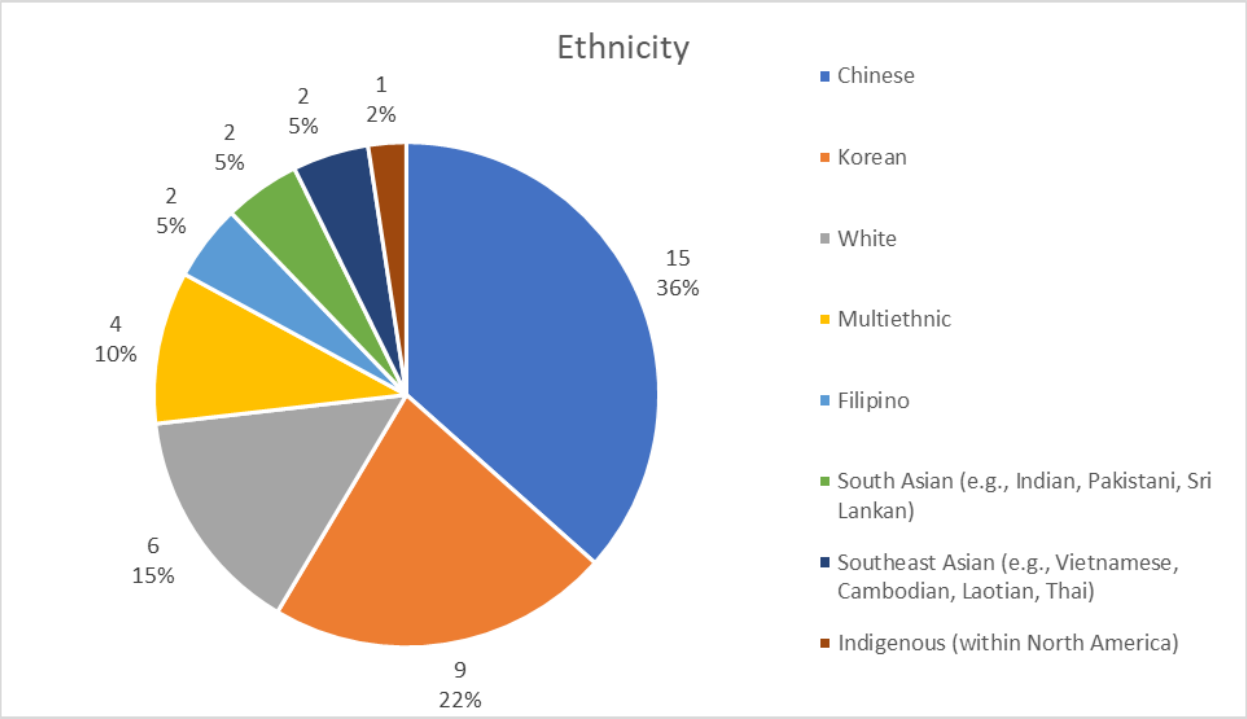
Analysis of open-ended responses were done on a per question basis, and participant responses were observed for any patterns using numerical and thematic analysis. Participants with similar or identical types of responses were counted and grouped, with these numbers being presented as percentages of the total number of participant responses recorded. For each open-ended question, key themes based off of the participant responses were determined, serving as summaries of the overarching ideas of the responses. Finally, the data was analyzed to try to find any noteworthy patterns of responses in relation to gender or ethnicity. Cases of a particular gender or ethnic group displaying greater prevalence for a response were identified and mentioned in the results section.

Results

Demographics

36 out of the 41 participants (87.8%) were in third-year. The remaining 5 (12.2%) were in fourth-year. 38 participants (92.7%) were domestic students and 3 (7.3%) were international students. 27 (65.9%) participants identified as women and 14 (34.1%) identified as men. No participants identified as transgender.

Figure 1. Ethnic Composition of Participants



Analysis of closed-ended questions

Total = TTL

Man = MAN

Woman = WMN

Chinese = CHIN

White = WHT

Korean = KOR

Filipino = FLP

South Asian = SA

Southeast Asian = SEA

Indigenous = IDG

Multiethnic = ME

*Only participants who identified as Indigenous could answer this question.

**White students' results were excluded for the gender categories and the total

Table 1

General Awareness and Usage of Mental Health Services Distribution

Q1	Total	Man	Woman		Chinese	White	Korean	Filipino	South Asian (e.g., Indian, Pakistani, Sri Lankan)	Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)	Indigenous (within North America)	Multiethnic
Yes	24.0	6.0	18.0		10.0	4.0	3.0	1.0	1.0	1.0	1.0	3.0
	58.5%	42.9%	66.7%		66.7%	66.7%	33.3%	50.0%	50.0%	50.0%	100.0%	75.0%
No	17.0	8.0	9.0		5.0	2.0	6.0	1.0	1.0	1.0	0.0	1.0
	41.5%	57.1%	33.3%		33.3%	33.3%	66.7%	50.0%	50.0%	50.0%	0.0%	25.0%
Q2												
Yes	5.0	0.0	5.0		5.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0
	20.8%	0.0%	27.8%		20.8%	30.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No	19.0	6.0	13.0		19.0	7.0	4.0	3.0	1.0	1.0	1.0	1.0
	79.2%	100.0%	72.2%		79.2%	70.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Q1 = Have you ever considered seeking out mental health services on UBC campus? (These include all services offered internally to UBC students, such as UBC Counselling, UBC Group Counselling, UBC Wellness Centre, UBC Students' Assistance Program (SAP))

Q2 = Did you actually end up accessing the service?

Although almost 60.0% of participants had considered accessing UBC mental health services, less than a quarter of those who had considered the services actually used them.

Table 2

Awareness/Usage of Specific UBC Mental Health Services Distribution

Q3	Total	Man	Woman		Chinese	White	Korean	Filipino	South Asian (e.g., Indian, Pakistani, Sri Lankan)	Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)	Indigenous (within North America)	Multiethnic
Yes, I have used it more than once	1.0	0.0	1.0		1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	2.4%	0.0%	3.7%		6.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Yes, I have used it once	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No, I have never used it	11.0	4.0	7.0		4.0	1.0	2.0	0.0	2.0	0.0	0.0	2.0
	26.8%	28.6%	25.9%		26.7%	16.7%	22.2%	0.0%	100.0%	0.0%	0.0%	50.0%
No, I did not know about the program	29.0	10.0	19.0		10.0	5.0	7.0	2.0	0.0	2.0	1.0	2.0
	70.7%	71.4%	70.4%		66.7%	83.3%	77.8%	100.0%	0.0%	100.0%	100.0%	50.0%
Q4	TTL	MAN	WMN		CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Yes, I have used it more than once	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Yes, I have used it once	4.0	0.0	4.0		0.0	2.0	0.0	0.0	1.0	0.0	0.0	1.0
	9.8%	0.0%	14.8%		0.0%	33.3%	0.0%	0.0%	50.0%	0.0%	0.0%	25.0%
No, I have never used it	24.0	10.0	14.0		10.0	2.0	6.0	0.0	1.0	1.0	1.0	3.0

	58.5%	71.4%	51.9%	66.7%	33.3%	66.7%	0.0%	50.0%	50.0%	100.0%	75.0%
No, I did not know about the program	13.0	4.0	9.0	5.0	2.0	3.0	2.0	0.0	1.0	0.0	0.0
	31.7%	28.6%	33.3%	33.3%	33.3%	33.3%	100.0%	0.0%	50.0%	0.0%	0.0%
Q5	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Yes, I have used it more than once	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Yes, I have used it once	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No, I have never used it	26.0	9.0	17.0	9.0	4.0	7.0	0.0	2.0	1.0	1.0	2.0
	63.4%	64.3%	63.0%	60.0%	66.7%	77.8%	0.0%	100.0%	50.0%	100.0%	50.0%
No, I did not know about the program	15.0	5.0	10.0	6.0	2.0	2.0	2.0	0.0	1.0	0.0	2.0
	36.6%	35.7%	37.0%	40.0%	33.3%	22.2%	100.0%	0.0%	50.0%	0.0%	50.0%
Q6	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Yes, I have used it more than once	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Yes, I have used it once	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
No, I have never used it	1.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%

No, I did not know about the program	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Q7	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Yes, I have used it more than once	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Yes, I have used it once	1.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
	2.4%	0.0%	3.7%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%
No, I have never used it	15.0	7.0	8.0	6.0	1.0	6.0	0.0	1.0	0.0	0.0	1.0
	36.6%	50.0%	29.6%	40.0%	16.7%	66.7%	0.0%	50.0%	0.0%	0.0%	25.0%
No, I did not know about the program	25.0	7.0	18.0	9.0	5.0	3.0	2.0	0.0	2.0	1.0	3.0
	61.0%	50.0%	66.7%	60.0%	83.3%	33.3%	100.0%	0.0%	100.0%	100.0%	75.0%
Q8	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Yes, I have used it more than once	2.0	0.0	2.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
	4.9%	0.0%	7.4%	6.7%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%
Yes, I have used it once	7.0	2.0	5.0	3.0	2.0	1.0	1.0	0.0	0.0	0.0	0.0
	17.1%	14.3%	18.5%	20.0%	33.3%	11.1%	50.0%	0.0%	0.0%	0.0%	0.0%
No, I have never used it	28.0	10.0	18.0	9.0	4.0	7.0	1.0	1.0	2.0	1.0	3.0
	68.3%	71.4%	66.7%	60.0%	66.7%	77.8%	50.0%	50.0%	100.0%	100.0%	75.0%

No, I did not know about the program	4.0	2.0	2.0	2.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0
	9.8%	14.3%	7.4%	13.3%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	25.0%

Q3 = Have you ever accessed UBC, same-day counselling services?

Q4 = Have you ever accessed UBC wellness advising appointments?

Q5 = Have you ever accessed UBC group counselling programs?

Q6 = Have you accessed Indigenous Students' support?*

Q7 = Have you ever accessed the UBC Student Assistance Program (SAP)?

Q8 = Have you ever accessed the UBC Wellness Centre?

Every ethnicity and gender had the UBC Wellness Centre as the most commonly known/used mental health service. Same-day counselling and SAP were commonly the least known services among all ethnicities. Same-day counselling was the least commonly known program for men and women.

Table 3

Perceived Barriers to UBC Mental Health Resources Response Distribution

Q9	Total	Man	Woman		Chinese	White	Korean	Filipino	South Asian (e.g., Indian, Pakistani, Sri Lankan)	Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)	Indigenous (within North America)	Multiethnic
Strongly Disagree	4.0	3.0	1.0		4.0	3.0	1.0	0.0	0.0	1.0	0.0	1.0
	9.8%	21.4%	3.7%		9.8%	21.4%	3.7%	0.0%	0.0%	50.0%	0.0%	25.0%
Somewhat Disagree	10.0	2.0	8.0		10.0	2.0	8.0	0.0	1.0	0.0	0.0	2.0
	24.4%	14.3%	29.6%		24.4%	14.3%	29.6%	0.0%	50.0%	0.0%	0.0%	50.0%
Neither agree nor disagree	5.0	2.0	3.0		5.0	2.0	3.0	0.0	0.0	1.0	1.0	0.0
	12.2%	14.3%	11.1%		12.2%	14.3%	11.1%	0.0%	0.0%	50.0%	100.0%	0.0%
Somewhat agree	20.0	6.0	14.0		20.0	6.0	14.0	2.0	1.0	0.0	0.0	1.0
	48.8%	42.9%	51.9%		48.8%	42.9%	51.9%	100.0%	50.0%	0.0%	0.0%	25.0%
Strongly Agree	2.0	1.0	1.0		2.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0
	4.9%	7.1%	3.7%		4.9%	7.1%	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%
Q10	TTL	MAN	WMN		CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Strongly Disagree	11.0	6.0	5.0		2.0	4.0	2.0	0.0	0.0	0.0	0.0	3.0
	26.8%	42.9%	18.5%		13.3%	66.7%	22.2%	0.0%	0.0%	0.0%	0.0%	75.0%
Somewhat Disagree	13.0	2.0	11.0		4.0	1.0	6.0	1.0	1.0	0.0	0.0	0.0
	31.7%	14.3%	40.7%		26.7%	16.7%	66.7%	50.0%	50.0%	0.0%	0.0%	0.0%

Neither agree nor disagree	10.0	4.0	6.0	5.0	1.0	1.0	1.0	0.0	1.0	0.0	1.0
	24.4%	28.6%	22.2%	33.3%	16.7%	11.1%	50.0%	0.0%	50.0%	0.0%	25.0%
Somewhat agree	7.0	2.0	5.0	4.0	0.0	0.0	0.0	1.0	1.0	1.0	0.0
	17.1%	14.3%	18.5%	26.7%	0.0%	0.0%	0.0%	50.0%	50.0%	100.0%	0.0%
Strongly Agree	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Q11	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Strongly Disagree	9.0	3.0	6.0	2.0	0.0	3.0	0.0	1.0	1.0	0.0	2.0
	22.0%	21.4%	22.2%	13.3%	0.0%	33.3%	0.0%	50.0%	50.0%	0.0%	50.0%
Somewhat Disagree	8.0	5.0	3.0	5.0	1.0	1.0	1.0	0.0	0.0	0.0	0.0
	19.5%	35.7%	11.1%	33.3%	16.7%	11.1%	50.0%	0.0%	0.0%	0.0%	0.0%
Neither agree nor disagree	7.0	2.0	5.0	4.0	2.0	1.0	0.0	0.0	0.0	0.0	0.0
	17.1%	14.3%	18.5%	26.7%	33.3%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Somewhat agree	12.0	3.0	9.0	3.0	3.0	2.0	1.0	1.0	1.0	0.0	1.0
	29.3%	21.4%	33.3%	20.0%	50.0%	22.2%	50.0%	50.0%	50.0%	0.0%	25.0%
Strongly Agree	5.0	1.0	4.0	1.0	0.0	2.0	0.0	0.0	0.0	1.0	1.0
	12.2%	7.1%	14.8%	6.7%	0.0%	22.2%	0.0%	0.0%	0.0%	100.0%	25.0%
Q12	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Strongly Disagree	4.0	1.0	3.0	1.0	0.0	2.0	1.0	0.0	0.0	0.0	0.0
	9.8%	7.1%	11.1%	6.7%	0.0%	22.2%	50.0%	0.0%	0.0%	0.0%	0.0%
Somewhat Disagree	7.0	5.0	2.0	3.0	1.0	1.0	1.0	0.0	0.0	0.0	1.0
	17.1%	35.7%	7.4%	20.0%	16.7%	11.1%	50.0%	0.0%	0.0%	0.0%	25.0%

Neither agree nor disagree	8.0	4.0	4.0	4.0	1.0	2.0	0.0	1.0	0.0	0.0	0.0
	19.5%	28.6%	14.8%	26.7%	16.7%	22.2%	0.0%	50.0%	0.0%	0.0%	0.0%
Somewhat agree	13.0	3.0	10.0	3.0	1.0	4.0	0.0	1.0	2.0	1.0	1.0
	31.7%	21.4%	37.0%	20.0%	16.7%	44.4%	0.0%	50.0%	100.0%	100.0%	25.0%
Strongly Agree	9.0	1.0	8.0	4.0	3.0	0.0	0.0	0.0	0.0	0.0	2.0
	22.0%	7.1%	29.6%	26.7%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%
Q13	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Strongly Disagree	5.0	3.0	2.0	1.0	0.0	3.0	0.0	0.0	1.0	0.0	0.0
	12.2%	21.4%	7.4%	6.7%	0.0%	33.3%	0.0%	0.0%	50.0%	0.0%	0.0%
Somewhat Disagree	13.0	4.0	9.0	4.0	3.0	1.0	1.0	1.0	0.0	0.0	3.0
	31.7%	28.6%	33.3%	26.7%	50.0%	11.1%	50.0%	50.0%	0.0%	0.0%	75.0%
Neither agree nor disagree	7.0	3.0	4.0	3.0	1.0	2.0	0.0	1.0	0.0	0.0	0.0
	17.1%	21.4%	14.8%	20.0%	16.7%	22.2%	0.0%	50.0%	0.0%	0.0%	0.0%
Somewhat agree	9.0	1.0	8.0	5.0	0.0	2.0	1.0	0.0	0.0	1.0	0.0
	22.0%	7.1%	29.6%	33.3%	0.0%	22.2%	50.0%	0.0%	0.0%	100.0%	0.0%
Strongly Agree	7.0	3.0	4.0	2.0	2.0	1.0	0.0	0.0	1.0	0.0	1.0
	17.1%	21.4%	14.8%	13.3%	33.3%	11.1%	0.0%	0.0%	50.0%	0.0%	25.0%
Q14	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Strongly Disagree	8.0	5.0	3.0	1.0	3.0	2.0	0.0	1.0	0.0	0.0	1.0
	19.5%	35.7%	11.1%	6.7%	50.0%	22.2%	0.0%	50.0%	0.0%	0.0%	25.0%
Somewhat Disagree	15.0	3.0	12.0	7.0	2.0	3.0	2.0	0.0	0.0	0.0	1.0
	36.6%	21.4%	44.4%	46.7%	33.3%	33.3%	100.0%	0.0%	0.0%	0.0%	25.0%

Neither agree nor disagree	14.0	4.0	10.0	4.0	1.0	4.0	0.0	1.0	2.0	1.0	1.0
	34.1%	28.6%	37.0%	26.7%	16.7%	44.4%	0.0%	50.0%	100.0%	100.0%	25.0%
Somewhat agree	4.0	2.0	2.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
	9.8%	14.3%	7.4%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%
Strongly Agree	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Q15	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Strongly Disagree	6.0	4.0	2.0	1.0	1.0	3.0	0.0	0.0	0.0	0.0	1.0
	14.6%	28.6%	7.4%	6.7%	16.7%	33.3%	0.0%	0.0%	0.0%	0.0%	25.0%
Somewhat Disagree	8.0	1.0	7.0	2.0	1.0	2.0	1.0	1.0	0.0	0.0	1.0
	19.5%	7.1%	25.9%	13.3%	16.7%	22.2%	50.0%	50.0%	0.0%	0.0%	25.0%
Neither agree nor disagree	14.0	6.0	8.0	6.0	1.0	4.0	0.0	1.0	2.0	0.0	0.0
	34.1%	42.9%	29.6%	40.0%	16.7%	44.4%	0.0%	50.0%	100.0%	0.0%	0.0%
Somewhat agree	7.0	2.0	5.0	3.0	1.0	0.0	1.0	0.0	0.0	1.0	1.0
	17.1%	14.3%	18.5%	20.0%	16.7%	0.0%	50.0%	0.0%	0.0%	100.0%	25.0%
Strongly Agree	6.0	1.0	5.0	3.0	2.0	0.0	0.0	0.0	0.0	0.0	1.0
	14.6%	7.1%	18.5%	20.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%
Q16	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Strongly Disagree	9.0	3.0	6.0	1.0	3.0	2.0	1.0	0.0	0.0	0.0	2.0
	22.0%	21.4%	22.2%	6.7%	50.0%	22.2%	50.0%	0.0%	0.0%	0.0%	50.0%
Somewhat Disagree	11.0	4.0	7.0	6.0	2.0	2.0	0.0	1.0	0.0	0.0	0.0
	26.8%	28.6%	25.9%	40.0%	33.3%	22.2%	0.0%	50.0%	0.0%	0.0%	0.0%

Neither agree nor disagree	11.0	5.0	6.0	4.0	0.0	4.0	0.0	0.0	2.0	0.0	1.0
	26.8%	35.7%	22.2%	26.7%	0.0%	44.4%	0.0%	0.0%	100.0%	0.0%	25.0%
Somewhat agree	7.0	2.0	5.0	3.0	1.0	1.0	1.0	0.0	0.0	0.0	1.0
	17.1%	14.3%	18.5%	20.0%	16.7%	11.1%	50.0%	0.0%	0.0%	0.0%	25.0%
Strongly Agree	3.0	0.0	3.0	1.0	0.0	0.0	0.0	1.0	0.0	1.0	0.0
	7.3%	0.0%	11.1%	6.7%	0.0%	0.0%	0.0%	50.0%	0.0%	100.0%	0.0%
Q17	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Strongly Disagree	5.0	2.0	3.0	0.0	3.0	3.0	1.0	0.0	0.0	0.0	1.0
	14.3%	16.7%	13.0%	0.0%	50.0%	33.3%	50.0%	0.0%	0.0%	0.0%	25.0%
Somewhat Disagree	10.0	4.0	6.0	6.0	1.0	3.0	0.0	1.0	0.0	0.0	0.0
	28.6%	33.3%	26.1%	40.0%	16.7%	33.3%	0.0%	50.0%	0.0%	0.0%	0.0%
Neither agree nor disagree	12.0	4.0	8.0	4.0	2.0	3.0	0.0	0.0	2.0	0.0	3.0
	34.3%	33.3%	34.8%	26.7%	33.3%	33.3%	0.0%	0.0%	100.0%	0.0%	75.0%
Somewhat agree	7.0	2.0	5.0	5.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0
	20.0%	16.7%	21.7%	33.3%	0.0%	0.0%	50.0%	0.0%	0.0%	100.0%	0.0%
Strongly Agree	1.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
	2.9%	0.0%	4.3%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%
Q18	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Strongly Disagree	1.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	2.4%	0.0%	3.7%	6.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Somewhat Disagree	11.0	2.0	9.0	4.0	3.0	0.0	0.0	1.0	0.0	1.0	2.0
	26.8%	14.3%	33.3%	26.7%	50.0%	0.0%	0.0%	50.0%	0.0%	100.0%	50.0%

Neither agree nor disagree	25.0	10.0	15.0	8.0	3.0	9.0	1.0	1.0	2.0	0.0	1.0
	61.0%	71.4%	55.6%	53.3%	50.0%	100.0%	50.0%	50.0%	100.0%	0.0%	25.0%
Somewhat agree	4.0	2.0	2.0	2.0	0.0	0.0	1.0	0.0	0.0	0.0	1.0
	9.8%	14.3%	7.4%	13.3%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	25.0%
Strongly Agree	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Q19	TTL	MAN	WMN	CHIN	WHT	KOR	FLP	SA	SEA	IDG	ME
Strongly Disagree	6.0	0.0	6.0	2.0	2.0	0.0	1.0	0.0	0.0	0.0	1.0
	14.6%	0.0%	22.2%	13.3%	33.3%	0.0%	50.0%	0.0%	0.0%	0.0%	25.0%
Somewhat Disagree	13.0	4.0	9.0	8.0	1.0	2.0	0.0	1.0	0.0	1.0	0.0
	31.7%	28.6%	33.3%	53.3%	16.7%	22.2%	0.0%	50.0%	0.0%	100.0%	0.0%
Neither agree nor disagree	15.0	6.0	9.0	3.0	2.0	6.0	0.0	0.0	2.0	0.0	2.0
	36.6%	42.9%	33.3%	20.0%	33.3%	66.7%	0.0%	0.0%	100.0%	0.0%	50.0%
Somewhat agree	7.0	4.0	3.0	2.0	1.0	1.0	1.0	1.0	0.0	0.0	1.0
	17.1%	28.6%	11.1%	13.3%	16.7%	11.1%	50.0%	50.0%	0.0%	0.0%	25.0%
Strongly Agree	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Q9 = The stigma associated with mental health has been a barrier to seeking out mental health resources

Q10 = Fear of UBC mental health services breaching my confidentiality has been a barrier to seeking out mental health resources

Q11 = Judgement from my peers/family members has been a barrier to seeking out mental health resources

Q12 = I have/currently believe that UBC mental health services will not be helpful, and this is prevented me from seeking out mental health resources

Q13 = My course schedule has been a barrier in accessing UBC mental health resources

Q14 = The facilities where UBC mental health services are offered are not accessible to me, and has prevented me from accessing such services

Q15 = The availability of appointments has been a barrier in accessing mental health services at UBC

Q16 = The lack of culturally appropriate mental health services has prevented me from accessing mental health services at UBC

Q17 = The lack of POC (peoples of colour) services has prevented me from accessing mental health services at UBC **

Q18 = The mental health services at UBC are catered to my needs

Q19 = The amount of mental health services at UBC are adequate

Participants who answered “Neither agree nor disagree” were assumed to have a neutral stance on the presented statement and thus were not counted when discussing which barriers were the most and least common in later sections.

Stigma was one of the most common barriers to UBC mental health services for all ethnicities except for Southeast Asian, multiethnic and Indigenous students. For these 3 groups, belief that mental health services would not be beneficial was unanimously one of the most common barriers. The least common barriers to mental health services varied greatly between ethnicities.

The most common barrier to mental health services for women was the belief that the services would not be helpful. Women's least common barrier was fear of breach of confidentiality. Men's most common barrier to mental health resources was stigma. Fear of breach of confidentiality, judgement from peers/family members, and inaccessible mental health service facilities were the least common barriers to mental health resources for men.

Analysis of Open-ended Questions

Reasons for Not Seeking Help from UBC Mental Health Services

The first open-ended question, "Is there any particular reason why you have not?", was directed to those who had replied "no" to the question on considering help from mental health services. The most common theme observed in the responses were that participants felt they "[had] not needed these services", and that they "[had not] had any major problems with [their] mental health", making up nearly half (47.1%) of the responses. There were also single responses of different participants stating they had "heard bad experiences about them from peers", that they had heard "bad rumours", or that they had experienced "long waitlists". No particular patterns were noticeable in terms of one gender or ethnicity being more prevalent for a response than another, with gender being fairly equal and ethnicities quite variable across the responses.

Barriers to Accessing UBC Mental Health Services

The second open-ended question “What is/was stopping you from accessing the services?” was then asked to gain insight on current barriers in accessing and using UBC mental health services. Responses were widely distributed, with the greatest proportions of answers mentioning lack of information and education on available services (26.3%), lack of time (31.6%), long waitlist times (21.1%), and self-judgement that current mental health states were not severe enough to require health services (21.1%). There were also three participants who viewed current services as “unhelpful”, and three participants stating they had heard about peers “having a horrible time with services”. One participant’s response voiced concern on potential privacy issues, fearing that the use of services could be linked with their student information. Based on the responses, the following themes were identified: (1) upper-year undergraduate students tend to prioritize their studies and can downplay their mental struggles, (2) many students lack awareness and information on the available resources, (3) views on the impact of current mental health services are questionable, and (4) long waitlist times negatively impact the accessibility of current services. Gender did not seem to play a factor in responses except for those that self-diagnosed themselves as not needing help, which included three females and only one male. Ethnicity associations were also difficult to find, as we failed to observe a particular ethnicity group encountering similar barriers more prevalently than another. However, it was noted that three out of four responses about long waitlist times were given by Chinese participants, and only one White participant.

Participants' Suggestions for Potential Future Mental Health Services

The third open-ended question was “Apart from the services included in the survey, are there any mental health services you wish had access to at UBC?”. The most prominent theme was that current services are sufficient, and that there is “plenty of mental health support

already", observed in 27 of 41 responses (65.9%). Three participants were unable to give suggestions as they had never experienced any services, or did not know enough about the services to provide alternatives. Participants viewing current services as adequate consisted predominantly of Chinese (29.6%), Korean (22.2%), and White (18.5%) students in descending order, with the remaining minority distributed into Filipino, South Asian, Southeast Asian, and other multiethnic backgrounds. Women also made up greater than half of these participants compared to men. None of the remaining responses were more prevalent in number among others but ranged in variety including online services, therapy texting, academic coaches for personal/emotional support, more long-term programs, couples therapy, ADHD coaching, psychologist interviews. One participant suggested a "better established system of providing academic concession to those struggling with mental health", while another participant stated that the focus should be on increasing the quality of currently available services, rather than increasing the quantity.

Current Perspectives on UBC Mental Health Services

The fourth open-ended question was aimed to gain a general understanding of current experiences with accessing UBC mental health services, asking "Overall, how would you describe your experience accessing mental health services on campus? Have you had any difficulty?". As the majority of participants had not ended up accessing a service prior to this study, approximately half of respondents had no experience of difficulties with services. Among these participants, it was observed that a much greater proportion were Chinese and Korean students, as well as more than double the number of women compared to men. From the remaining half of participants, responses consisted of long waitlist times, difficulties finding the services, difficulties setting up appointments, experiences with "rude" or "unhelpful staff", or

avoiding services as a result of negative rumours. Based on these results, the following themes were identified: (1) current procedures for accessing services are not user-friendly, (2) processes to use services are time-consuming, and (3) negative reputations of current services due to poor treatment of students seeking help. A notable observation was made that excluding the three participants mentioning long waitlists, all responses of experiencing difficulties were from women participants.

Suggestions for Easier Access to UBC Mental Health Services

The fifth and final open-ended question, "What do you think could be done to make mental health service access easier on UBC campus?" was presented to receive suggestions on what students felt could be done to improve current services accessibility. The most prominent theme was improving awareness on available mental health services through more advertising, taking up nearly a third of the responses (31.7%). Suggestions included the use of social media platforms, school events, promotion by school faculty leaders, and boothing. A more accessible, user-friendly system of appointment bookings, availability and response times was the next most commonly mentioned idea from 9 of 41 participants (22.0%), followed by those saying that there is little to no changes that can be made (17.1%), and those suggesting employment of more counsellors that are provided greater resources for improved services (14.6%). Other approaches included more funding and guidance towards students to try out resources, more online methods and accessibility, more practical descriptions of services in promotions, increased employment of people of colour, prematching of students with counsellors, and reduction of stigma. One participant stated that while more frequent promotion would be ideal, increased demands of services may cause overloading of services as students have already been exposed to very long wait times in seeking resources.

Final Comments

In this final part of the survey, participants were given an option to provide any additional comments or information they would like to share. Out of the nine recorded responses, seven respondents had no other comments to be made. One participant stated that "programs are not helpful", emphasizing an overarching theme of the survey responses about the questionable effectiveness of current services at UBC. Another participant commented that someone getting referred to appropriate services by health services can take up to "multiple months at times", which is far from ideal for undergraduate students who are already busy with their schoolwork.

Discussion

Overview

The results of our study showed no gender differences in students' awareness of the UBC mental health services, and discovered that high levels of reported awareness did not equate to continued utilization of the services. We also found that stigma around mental illness/seeking for psychological help is still a commonly-perceived barrier among students of both genders. With respect to awareness of mental health services in the context of ethnicity, it is found that South Asians were aware of most mental health services while Filipinos were aware of the least number of mental health services out of all ethnic groups. However, regarding barriers to accessing mental health services, White students not only experienced fewer barriers, but also had an overall higher usage of the UBC services. The results were also highlighted by findings associated with Chinese and Korean students.

Awareness of Mental Health Services in the Context of Gender

Based on the results, there appeared to be no evident trends when comparing gender and level of mental health service awareness among the sample. Our results differed from the existing literature, which suggested that being a woman, amongst other factors, was associated with greater awareness of mental health services (Yorgason et al., 2008; Hyun et al., 2007). Contradictions in such findings do not invalidate the results of our survey; explanations for such differences include differences in the sample acquired, and the context in which individuals took the survey, all of which could contribute to the gender differences (or lack thereof) among men and women. These findings are supplemented by the responses to open-ended questions on the survey, where both genders reported lack of information and education on available services as potential barriers to accessing mental health support. COVID-19 pandemic is another potential explanation for the lack of difference observed between genders in terms of mental health service awareness. Although all participants were from upper-years, absence of in-person activities, disruption to various programs and initiatives could very much have hindered the growing promotion of mental health-related services. It is also important to note that the literature that suggests being a woman is associated with greater awareness of mental health services was established in the 2010s, which limits its relevance to today's society.

Focusing more specifically on differences in awareness of specific mental health services, the results demonstrated that UBC group counselling was the least used service, with men being more aware of this service then women. Despite this, UBC same-day counselling was the least known program, with almost equal differences in lack of awareness between men and women. To consolidate these two findings is to demonstrate an important distinction, that awareness and utilization of services are not the same. Although there were little differences in awareness among men and women of the least used program (UBC same-day counselling), of those who

did use the program, all 4 were women. Although this may appear insignificant, this demonstrates an area of future research. General conclusions cannot be made regarding the overall awareness of mental health services in the context of gender, however, potential gender differences in utilization may pose further research questions regarding the factors that contribute to actual utilization of mental health services, beyond awareness.

To further emphasize the need to bridge the gap between awareness and utilization, despite the UBC Wellness Centre being the most well known and used service amongst participants, only a small percentage of the participants used this service more than once. This is further supported by the responses associated with UBC Wellness Advising, the second most known service among both men and women, where no participant reported using the service more than once. Despite high levels of awareness among both men and women, this awareness did not equate to continued utilization of these mental health services. The factors that contribute to the efficacy and sustainability of these services is an avenue of research that can be explored to enhance our understanding of how mental health services are impacting students in the long term.

Perceived Barriers to Accessing Mental Health Services in the Context of Gender

Based on the literature review, little research on the relationship between perceived barriers of mental health services had been conducted in relation to gender. Although gender itself can be considered a barrier or a facilitator to access, including access to mental health services, the differences amongst different genders result in varying experiences that may inform subsequent barriers to mental health access. A better understanding of how gender may be associated with certain barriers can help to create mental health services that mitigate such barriers, and are equitable to all students.

Internal Barriers in the Context of Gender

Two barriers that have been discussed in previous research (in relation to gender) include the stigma surrounding seeking mental health help, and the risk of a confidentiality breach. Based on the results of the study, around half of the men and women indicated some degree of agreement that stigma played a role in preventing their access to mental health services. In comparison, existing research has indicated perceived stigma, or self-stigma as the greatest barrier to accessing mental health services (Gulliver et al., 2010). It is important to acknowledge that although 50% of participants does not appear to be a substantial value, this does not discount the fact that stigma is very much still a perceived barrier among students. The findings, due to the nature of our survey question, however, cannot definitively conclude that it is the top barrier among men and women, as described in existing research. The few gender differences observed indicate that addressing stigma through an equal lens can help facilitate the removal of it as a barrier to mental health service access. Moreover, based on the data representing individuals who did follow through with seeking mental health services, it appeared that only women actually followed through. This indicates that perceived barriers did not necessarily equate to the usage of services.

The result that nearly equal amounts of men and women agreed and disagreed regarding breach of confidentiality as a barrier for their access to mental health services is relatively consistent with the existing literature, which indicated breach of confidentiality as a perceived barrier to seeking mental health services (Gulliver et al., 2010). Despite an equal distribution, neither men nor women indicated strong agreement about breach of confidentiality as a barrier to mental health service access on campus. A plausible explanation for this could be due to a lack of awareness of the repercussions associated with a breach of confidentiality. This explanation

reflects a potential flaw in our study. A breach of confidentiality can entail many things. In the survey question, there was no elaboration regarding what a breach of confidentiality was, or provide examples of potential consequences associated with a breach of confidentiality, such as the possibility of professors or employers being made aware of private conversations discussed with a mental health professional. This flaw prevented us from fully understanding how a breach of confidentiality may impact mental health service access among men and women. In the future, any broad terms like such should be defined or specified through the use of examples.

Among the barriers discussed, women reported judgement from family, worries about effectiveness, and mental health service appointment availability as more common barriers to accessing mental health services compared to men. In particular, a greater percentage of women than men perceived that mental health services would not be helpful, indicating personal worries and perception of the effectiveness of mental health services as a barrier to their access. A potential explanation for this difference is that women are more likely to engage in rumination than men (Nolen-Hoeksema, 2001). The additional rumination can lead to increases in general worry and concern, including the worry that the mental health service may not be as effective.

Service Specific Barriers in the Context of Mental Health

Regarding whether or not the quality and quantity of services were considered barriers to their access, the similar distribution of response between gender can be attributed to the fact that, like awareness, gender differences were generally equal. This is relevant as insufficient awareness will result in poorly informed perception regarding whether the services are meeting one's needs, or if the quantity is inadequate. The open-ended responses demonstrated that individuals had various opinions regarding the quality of the service, in particular, based on either previous negative experiences, or from fellow peers who had previously accessed the

service. The differences in these reports may be the result of a lack of full awareness of the resources offered, where students did not receive sufficient information to make an informed decision regarding whether to seek services, rather, resorting to third party information as their primary source.

Lastly, it is important to note that despite women reporting more perceived barriers to accessing mental health services, no questions were asked that directly linked perceived barriers with actual barriers. Future avenues of research may explore the association between perceived barriers and prevalence of access, to better understand which barriers may require external factors to mitigate and address in enhancing mental health service access.

Awareness of Mental Health Services in the Context of Ethnicity

The level of awareness of the UBC mental health services varied depending on participants' ethnicities, with participants who identified as South Asian (e.g., Indian, Pakistani, Sri Lanka) most likely to be aware of these mental health services while Filipino students were least likely to be aware of them. This is an interesting finding as in Soorkia et al. (2011)'s study they found that South Asians generally report negative attitudes towards seeking psychological help due to cultural mistrust and their adherence to Asian values. However, our result does not necessarily contradict this as the South Asians in our study could have received significant Western cultural influence while the Asian values played a much smaller role in their life and their decision-making, leading to better attitudes towards seeking mental health services, and as a result better awareness of the resources. Filipino students' low awareness of UBC mental health services may have been caused by their negative attitude towards seeking professional mental health support. The underutilization of mental health services by Filipinos is discussed by Tuliao (2014) in their review article and attributed to the inaccessible, prohibitive nature of these

services in the Philippines, the vast trust and use for traditional and folk healers in the community, a conceptualization of mental illness different from the mainstream Western medical model, and other sociological, economic and psychological factors. These factors come together to shape Filipinos' mistrust of and tendency to not use professional mental health services, thus they are less likely to actively look for information or involve themselves with events related to mental health services.

A very small number (2) of South Asian-identifying students in the study may not provide a good representation of this ethnic group in terms of their awareness as a group. Our study is also limited in the sense that the sample size is relatively small, which could fail to capture the full experience of students from all backgrounds as some ethnic groups are not represented. This limits us from drawing definitive and robust conclusions about awareness levels for a certain ethnic group. One way to improve this is to aim to have a bigger and more inclusive sample by recruiting more participants from various backgrounds which sets a longer period of data collection and adopting recruitment methods such as promoting the study to students before lectures could facilitate.

Perceived Barriers to Accessing Mental Health Services in the Context of Ethnicity

Between-group Differences in Experienced Barriers

In the existing literature, it was claimed that although that being an ethnic minority was associated with more barriers accessing mental health services than those who identify as White, including general barriers and cultural barriers such as fear of losing face (Gee et al., 2020; Horwitz et al., 2020), both students in the ethnic minority groups and students that are White show equal usage rates of these services (Gee et al., 2020). Overall, the level of hindrance of each barrier varies amongst ethnic groups, but according to our results, White students did seem

to experience fewer barriers to accessing mental health services than other ethnic minority groups as they reported being less affected by factors such as fear for breach of confidentiality, lack of culturally appropriate services (services were likely designed based on a Western ideology, with White People as the primary intended audience), lack of People of Colour services, and accessibility of the service facilities. However, they were equally affected by barriers like appointment availability and course schedule as other ethnic groups. The non-discriminative nature of these practical barriers for all students regardless of their ethnicity may explain this finding.

Amongst all ethnic groups, Koreans had the fewest number of students desire or need to seek out mental health services, with only 1 person having actually accessed mental health services. This may very likely be due to the perceived stigma, judgement from family & peers, and the perceived ineffectiveness of the service. Chinese and White participants have the highest desire to seek out mental health services. However, none of the White participants actually accessed the services they intended to seek out, which might be the resultant inaction of perceived stigma, judgement from family & peers, perceived ineffectiveness, and the availability of the service. In contrast, the Chinese group had the highest actual help-seeking rate (30%) with stigma, perceived ineffectiveness, service availability, and course schedule as identified barriers.

Despite that different ethnic groups are affected by barriers of access differently, judgement from family and peers & perceived ineffectiveness of the service were recognized as the two most common barriers for all ethnic groups. Although we did not ask questions that would help us determine the ranking of perceived barriers by the participants from biggest to smallest, this finding is somewhat consistent with the existing literature that considers self-stigma and public stigma as young people's biggest barriers to seeking help for their mental

health (Gulliver et al., 2010). The mere usage of the services by Korean students could not be justified by the fact that a significant percentage of Korean participants' disagreement on the ineffectiveness of the services, implying the bigger role other barriers such as stigma potentially play in preventing the Korean community from accessing mental health services that they do not deem unhelpful. In addition, Chinese students alone had the lowest agreement (26.7%) on the judgement from peers & family as a major barrier amongst all ethnic groups. This attitude of the Chinese community is particularly interesting since some of them indicate stigma as a significant barrier for them to accessing mental health services. This discrepancy warrants follow-up qualitative research to have a deeper understanding of the cause.

Regarding stigma, the perception of stigma being a major barrier to seeking out mental health services did not seem to differ much between Chinese, Korean, Filipino, South Asian, and White participants. Specifically, equal to or greater than half of the participants in all aforementioned groups agreed that the social stigma around mental health issues prevented them from accessing the available services to a certain extent. Although our data entails that some Chinese students may be more affected by the stigma, this finding, however, does not support the existing literature because the percentages of students who viewed stigma as a barrier to accessing mental health services were not significantly different amongst different ethnic groups.

Utilization of the Services

The finding that White students had the highest usage of mental health services out of all ethnic groups, followed by Chinese, contradicts the previous literature that claims equal usage of service for both White and minority ethnic group students. It is important to note that White students do not have a significantly better awareness of these services than other groups. One explanation is that White students do experience fewer perceived barriers thus feeling more

comfortable accessing the services they need. However, this could simply be caused by chance factors because we have a relatively small sample. This is especially evident in regards Indigenous students, where only 1 participant was of Indigenous ethnicity. In order to better understand the utilization of culturally specific services, such as that of Indigenous student support, better representation of the ethnic group is needed.

It is important to note that the nuance between Canada-born and non-Canada-born members in an ethnic group plays a role in dictating the responses to all the questions in our survey as their experience and ideology would be shaped by the environment they grew up in. And in our case, we promoted this study to our friends who more or less shared a similar background, risking a biased sample that could affect our results.

When asked if the mental health services UBC provides are catered towards their needs, equal to or greater than half of almost all ethnic groups neither agreed nor disagreed. This unanimous neutral response brings up the question: what are the students' needs regarding their mental health anyways? Are there any actions in place to assess these needs at the moment?

Limitations

Several limitations may have impacted our findings from this project. Overall, limited sample size, not asking participants where they heard about UBC Mental Health Services, a lack of actual inferential statistical analyses, discrepancies surrounding the UBC Wellness Centre, and the influence of COVID-19 all affected our findings and thus are limitations in our project.

<u>Sample Size</u>

Our study was limited in the sense that the sample size was relatively small, which could fail to capture the full experience of students from all backgrounds as some ethnic groups were not represented. This limited us from drawing definitive and robust conclusions about awareness

levels for a certain ethnic group. One way to improve this weakness is to have a bigger and more inclusive sample by recruiting more participants from various backgrounds via setting a longer period of time for data collection and adopting recruitment methods such as promoting the study to students before lectures could facilitate. In addition, our sample consisted of primarily Chinese (16) and Korean (9) students. This could have affected our analysis on awareness & barriers of the UBC mental health services in the context of gender as the cultural factors intersect with gender identities to shape one's experience. The promotion of our survey was also largely influenced by group members sharing the survey with their friends, which may have impacted results as the survey would not fully capture the diverse student population at UBC.

Mental Health Services Questions

In addition, the lack of questions in the survey asking where participants heard about mental health services can also be considered a limitation. Questions in the survey mainly were directed in a "Yes or No" fashion towards whether or not students knew about a service, but did not address where exactly students obtained their knowledge about specific mental health services. Because information on where students got their knowledge of mental health services from is lacking, it makes it difficult to know where students heard about mental health services, with a wide range of sources such as potential peer influence, social media promotion, and websites all being possible. Therefore, this limits us in our ability to provide concrete recommendations. Had we known where students commonly heard about mental health services, recommendations could have been aimed directly at these sources to increase awareness, which therefore is a limitation of this project.

Lack of Inferential Statistical Analyses

One of the limitations of our study is that we were not able to infer or draw any conclusions about the trends in the larger population (general UBC population) regarding students' awareness of and perceived barriers to accessing UBC mental health services in the context of gender and ethnicity because we did not conduct an inferential statistical analysis on the sample that we had.

Other Services at the UBC Wellness Centre

The UBC Wellness Centre also has additional services outside of mental health services, which can impact potential findings on awareness and utilization of the Wellness Centre resources as we are focusing on mental health services in this project. The Wellness Centre had the highest awareness amongst participants compared to other mental health resources, but this data could be slightly skewed, as participants may be aware of other areas that the Wellness Centre includes such as sexual health, alchohol, healthy eating, and sleep. A question directed specifically at whether or not participants were aware of the mental health services available at the Wellness Centre instead of if participants were aware of the Wellness Centre could have helped focus data specifically on awareness of mental health services at the Wellness Centre instead of the Wellness Centre in general.

Another implication associated with the fact that the UBC Wellness Centre offers services other than mental health support was that while none of the men in our study indicated following up with their desire to seek out the services, a few of them reported accessing the Wellness Centre. We think that this conflicting data is mainly caused by the discrepancy between those two questions because students may access the Wellness Centre for other services such as BIPOC resources, nurses, etc. Being unaware of this, we set our questions up in a way that led to

confusing data. This issue could simply be solved by specifying in the question that it is the mental health services at the Wellness Centre that is being referred to.

COVID-19 Influence

Lastly, the ongoing COVID-19 pandemic certainly has affected the student population at UBC. Because of isolation requirements, stay at home orders, and online classes, it is very possible that because students were more isolated during the recent pandemic, they may have been less connected to the community at UBC and been less likely to hear about mental health resources at UBC. Students also were encouraged to stay at home during the pandemic, which could have impacted their decision to utilize mental health services if they were more comfortable talking in person and did not prefer to access services online.

Recommendations

From previous research and findings from the survey, several recommendations have been identified to help enhance students' awareness of mental health services at UBC and to address barriers limiting students from accessing these services. Results from the survey revealed potential short term improvements such as increasing exposure of current mental health resources to the student population and addressing issues with accessing services, as well as considerations in the long run such as encouraging repeated utilization of services and investigation into usage differences between genders. Therefore, four recommendations have been generated: (1) creating an infographic summarizing existing mental health services, (2) recruiting peer ambassadors for mental health service promotion, (3) encouraging continued utilization of mental health services, and (4) conducting follow up research into utilization differences of specific mental health services between genders and ethnicities.

Create an Infographic on Mental Health Services

Findings from the survey revealed that a number of students did not know about several services that are available to them and how to access these services. From the survey, the majority of participants did not know about same-day counselling, and only around half knew about the UBC SAP program.. To further emphasize the need to improve awareness of services amongst students, the most common response from students in the survey to how mental health service access can be made easier was to increase awareness on available resources. Therefore, creating and sharing an infographic outlining existing services can be a method to increase awareness and utilization of mental health resources on campus. Studies have shown that visually appealing infographics present information in an engaging way, stimulate the retention of information, and increase the likelihood of engagement compared to plain text (Murray et. al, 2017). In addition to awareness, an infographic can also guide students towards the steps they can take to utilizing the services, as the survey found that for those who had knowledge of services available, most elected not to access them, while only a small handful did. Specifically, students from the survey felt that advertising via social media platforms, events, and booths, as well as promotions from faculty leaders would be the best way to promote mental health services to the student population. In doing so, this addresses the issue regarding the lack of awareness from students on what mental health resources are available to them, as well as the lack of utilization of services despite considering the service initially.

Recruitment of Peer Ambassadors

The second recommendation is to recruit peer ambassadors for mental health promotion. Results from the survey indicated that stigma and feelings of judgement from peers were common barriers to accessing mental health services, with half of the participants indicating that

stigma hindered their access to mental health services and judgement from peers being one of the most popular barriers among participants. Moreover, based on the open-ended questions, students indicated hearing negative experiences from peers resulted in them not seeking out the mental health service, evidence that peer influence is especially strong. A potential way to address issues surrounding stigma and awareness that affect accessibility of mental health services is through a peer ambassador program. Utilizing peer influence to guide students towards mental health resources can be highly impactful, and subsequently reduce the fear of being judged for accessing mental health services if someone sees their friend promotes its utilization, and can help spread awareness of services through word of mouth. This program can be done by having students of diverse backgrounds serve as ambassadors for mental health services, and promote mental health services to the student community via social media, school events, and in classrooms. Seeing fellow students promote and encourage the utilization of mental health services can help combat the stigma surrounding accessing mental health services, reduce the fears of being judged for using mental health services, and increase awareness among the student body as more students will hear about mental health services through the promotion from their peer ambassadors.

Promote Follow-up and Feedback After Session

The third recommendation is to promote following up with students and opportunities for students to offer feedback on their sessions. Of the mental health services included in the survey, the UBC Wellness Centre was the most known to students and had the highest utilization, but few students continued to use the service after their first session. Similarly, the responses from UBC Wellness Advising indicated that it had the second highest awareness among students, but no participant utilized the service a second time. While it is possible that a student may only

require a service one time, it is important to consider how sustainable mental health services can be in the long term for students. Following up with students and asking how sessions went for them can help make students feel encouraged to use mental health services again. A system for student feedback on their session can also be implemented, which will allow students to instantly describe how their experience was with mental health services. Giving students the opportunity to provide feedback helps identify what potential factors may be driving students away from utilizing mental health services more than once, which can be used by mental health services to adjust areas so that students are more willing to utilize services again. In addition to promoting the continued utilization of services, following up with students and implementing a feedback system can help reduce the stigma relating to utilizing mental health services continuously. If reasons as to why students are afraid and unwilling to return to mental health services are revealed within follow-ups and feedback, then potential stigma arising from the reasons can be addressed to reduce stigma and make students feel safer to access mental health services after their initial utilization.

Areas for Follow Up Research

Lastly, areas of further studying can be identified for potential follow up research. One area where supplemental research may be beneficial is the difference in utilization of services between genders. For instance, when considering UBC same-day counselling, all participants who stated that they have utilized the service before were women. While the total responses from those who utilized UBC same-day counselling was low, it may be worth analyzing the features that UBC same-day counselling offers, and doing additional research into why it may appeal more to women than men. Furthermore, as discussed in the limitation section, the small sample size made it difficult to make conclusions regarding differences in awareness and barriers

between ethnicities. For example, while our findings showed that Filipino students were the least aware of mental health services, only two out of the 41 participants identified as being Filipino, which potentially could have skewed the data to represent Filipino students having lower levels of awareness. Because our sample size did not capture equal sized sample groups across different ethnicities, further research into awareness of and barriers to mental health services across different ethnicities may help create a more complete understanding into which ethnic groups actually have the lowest awareness of mental health services and perceived barriers.

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Appendix A - Recruitment Materials

Text Poster

If you are an upper-year undergraduate student at UBC we would love to hear your experience with the UBC Mental Health Services!

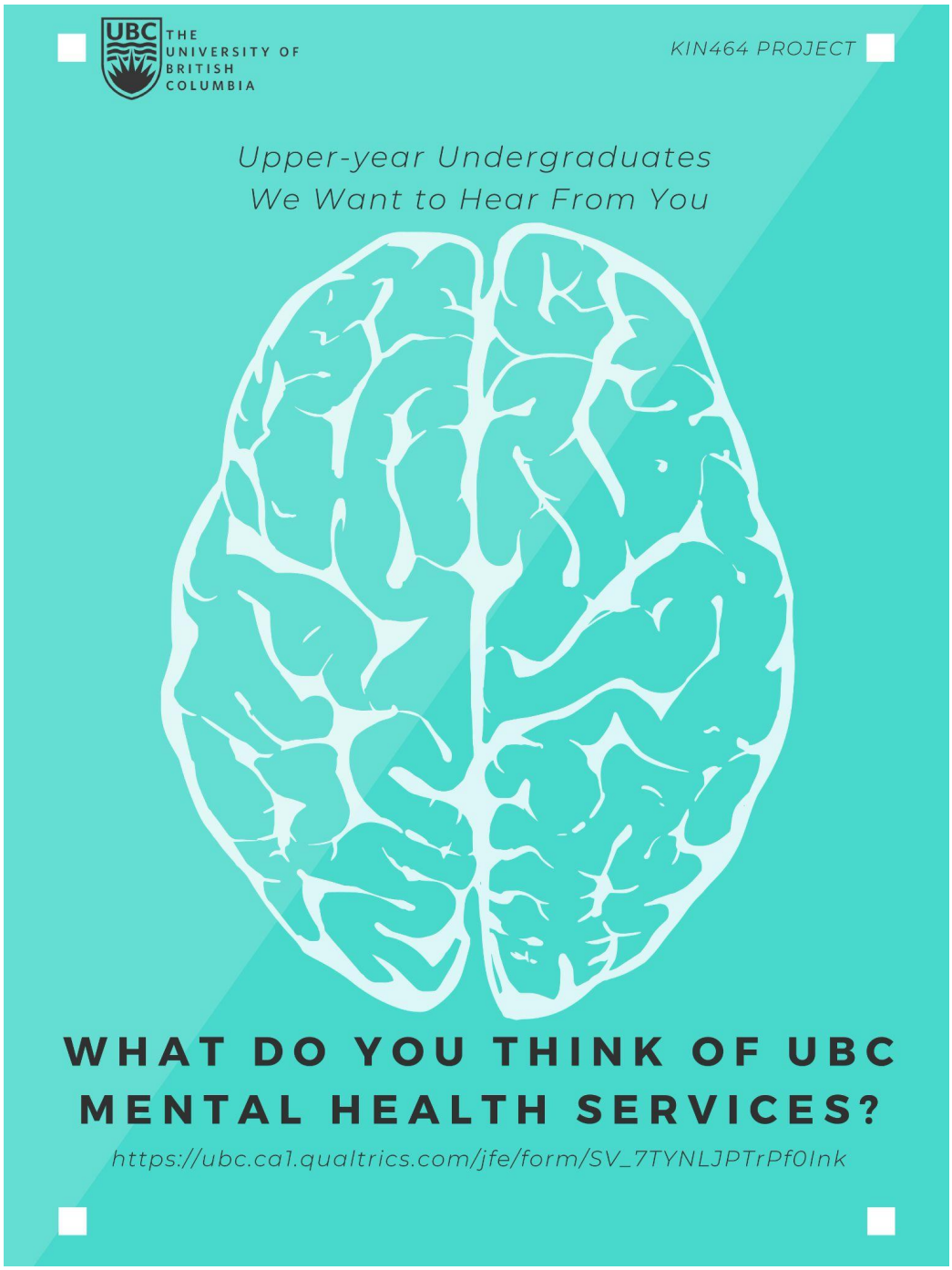
As part of a course-based research project (KIN 464), we are conducting a study on the barriers associated with accessing mental health services amongst UBC upper-year undergraduate students. If you are an upper-year undergraduate student (3rd year or higher), we would love to hear from you/for you to complete a survey, which would take you no more than 5 minutes!

The full project information sheet can be found here: https://kin.educ.ubc.ca/research/research-subject-recruitment/

The link to our survey is: https://ubc.ca1.qualtrics.com/jfe/form/SV_7TYNLJPTrPf0Ink

Please note that this post is public and anyone who likes, comments or shares the link will, by doing so, be associated with the study. The Principal Investigator on this project is Dr. Andrea Bundon (andrea.bundon@ubc.ca) and Dr. Negin Riazi (negin.riazi@ubc.ca) is the sessional instructor for the course.

Visual Poster



Blurb:

Hi everyone! Our group is conducting research in our university community on the topic of examining the barriers associated with current mental health resources among upper-year UBC undergraduate students for our KIN 464 Class!

If you are a UBC upper-year undergraduate student we'd love to hear from you about your knowledge, awareness and experience with the UBC Mental Health Services!! Your input is extremely valuable, and will help us better understand and improve our students' navigate mental health services on campus!

The survey should only take 5-10 minutes, and your responses are completely anonymous. By participating in the survey you have the option of being put into a draw to win a 1-year HOPR membership or a FitBit, and our sincere gratitude!

If you have any questions about the survey, please contact our Principle Investigator Negin Riazi by email at negin.riazi@ubc.ca. We thank you in advance for your participation and valuable input!

Full Project Information Sheet

Barriers Associated with Accessing Mental Health Services

Amongst Upper-Year UBC Undergraduate Students

Principle Investigator: KIN 464 Group 18

Details:

Background and purpose: Mental health is one of the most discussed public health dilemmas today. It is particularly a growing concern for post-secondary upper-year undergraduate students due to increasing prevalence and severity (Windhorst & Williams, 2016). UBC offers a wide range of both on and off-campus mental health services and resources for its students to access. The purpose of this study is to examine the barriers associated with current mental health resources among UBC upper-year undergraduate students in relation to their knowledge of resources available, including its access and quality of service delivery, with a specific focus on comparing barriers based on gender and ethnicity.

What is involved: We are looking for participants who are currently in their 3rd, 4th or 5th (and above) year at UBC to share their experience and opinions on UBC mental health services and access to them. If you choose to participate you will be asked to complete 1 online survey, which would likely take you less than 5 minutes.

What we offer: By participating in the survey you have the option of being put into a draw to win a 1-year HOPR membership or a FitBit, and our gratitude.

For any questions regarding the survey or our study please contact Negin at negin.riazi@ubc.ca.

Appendix B - Study Participant Consent Form

Evaluating Awareness of Mental Health Services at UBC - Group 18

Principal Investigator:

Dr. Andrea Bundon (Assistant Professor, School of Kinesiology, Faculty of Education)

Sessional Instructor:

Dr. Negin Riazi (School of Kinesiology, Faculty of Education)

The purpose of the class project:

To gather knowledge and expertise from community members on the topic of examining the barriers associated with current mental health resources among upper-year UBC undergraduate students in relation to their knowledge of resources available, including its access and quality of service delivery, with a specific focus on comparing such barriers based on gender and ethnicity.

Study Procedures:

With your permission, we are asking you to participate in a survey. You may only complete the survey once.

With the information gathered, students will critically examine how different individuals understand or engage in health promoting activities or health promotion initiatives.

Project outcomes:

The information gathered will be part of a written report for the class project. The written report will be shared with campus partners involved with the project. Summaries of findings will also be posted on the following websites. ***No personal information/information that could identify participants will be included in these reports or shared with campus partners.***

UBC SEEDS Program Library:

https://sustain.ubc.ca/courses-degrees/alternative-credit-options/seeds-sustainability-program/seeds-sustainability-library

Potential benefits of class project:

There are no explicit benefits to you by taking part in this class project. However, the survey will provide you with the opportunity to voice your opinion on your experiences with health promoting activities or initiatives in a broad sense and will provide the students with an opportunity to learn from your experiences.

Confidentiality:

Maintaining the confidentiality of the participants involved in the research is paramount, and no names of participants will be collected.

At the completion of the course, all data (i.e. notes) and signed consent forms will be stored on a secure electronic drive by Drs. Riazi and Bundon. All data and consent forms will be destroyed 1 year after completion of the course.

Risks:

The risks associated with participating in this research are minimal. There are no known physical, economic, or social risks associated with participation in this study. You should know that your participation is completely voluntary and you are free to **withdraw from the study** and there will not be negative impacts related to your withdrawal. If you withdraw from the study, all of the information you have shared up until that point will be destroyed.

Contact information for the study:

If you have any questions about this class project, you can contact Negin Riazi by email at negin.riazi@ubc.ca.

About research ethics complaints:

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or e-mail RSIL@ors.ubc.ca . or call toll free 1-877-822-8598.

Consent:

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time.

By clicking 'Next', you are consenting to participate in the study.

Appendix C - Survey Questions

Consent Form

Thank you for agreeing to participate in our survey! Your responses will provide us with valuable insight regarding mental health services on UBC Campus, a project we are doing in partnership with the UBC SEEDS Sustainability Program.

You are welcome to exit this survey at any time.

Are you enrolled in 1 or more courses this term at UBC?

a) Yes
b) No

If no → redirect to page saying that they are not eligible for the studying, thank them for participation

#1: What year level are you?

a) 3rd
b) 4th
c) 5+

#2: What is your preferred gender? *(multiple responses allowed)*

a) Woman
b) Man
c) Transgender
d) Non-binary
e) Prefer not to answer

#3: Do you identify as someone with trans experience?

a) Yes
b) No
c) Prefer not to answer

#4. Which of the following broad Canadian census categories best describes you? Please select all that you identify with:

a) Arab
b) Black
c) Chinese
d) Filipino
e) Indigenous (within North America)
f) Japanese
g) Korean
h) Latin American
i) South Asian (e.g., Indian, Pakistani, Sri Lankan)
j) Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)
k) West Asian (e.g., Iranian, Afghan)
l) White
m) Other group – specify in the text box below **insert textbox**
n) Prefer not to answer [Please note: If you choose this response, all of your other responses to this question will not be considered in the data analysis.]

#5: Are you an International Student?

a) Yes
b) No

#6: Have you ever considered seeking out mental health services on UBC Campus?*(These include all services offered internally to UBC students, such as UBC Counselling, UBC Group Counselling, UBC Wellness Centre, UBC Students' Assistance Program (SAP))*

a) Yes
    i) If yes → add question: **Did you actually end up accessing the service??**
        (a) Yes
            (i) If yes → which one(s)? Please include all that you have accessed *textbox*
        (b) No
            (i) If no → why? *include textbox*
b) No
    i) If no → add question: **Is there any particular reason why you haven't?** *include text box*

**********end of first section**********

For the following questions, please indicate your level of agreement/disagreement for each of the following questions. These statements can apply to any time in your undergraduate degree, and is not specific to the most recent time you seeked out mental health services at UBC.

1. The stigma associated with mental health has been a barrier to seeking out mental health resources:
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

2. Fear of UBC mental health services breaching my confidentiality has been a barrier to seeking out mental health resources:
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

3. Judgment from my peers/family members has been a barrier to seeking out mental health resources
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

4. I have/currently believe that UBC mental health services will not be helpful, and this is prevented me from seeking out mental health resources
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

5. My course schedule has been a barrier in accessing UBC mental health resources
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

6. The facilities where UBC mental health services are offered are not accessible to me, and has prevented me from accessing such services
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

7. The availability of appointments has been a barrier in accessing mental health services at UBC
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

8. The lack of culturally appropriate mental health services has prevented me from accessing mental health services at UBC
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

9. The lack of POC (peoples of colour) services has prevented me from accessing mental health services at UBC
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

10. The mental health services at UBC are catered to my needs
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

11. The amount of mental health services at UBC are adequate
1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

********** likert scale question over **********

1. Have you ever accessed UBC, same-day counselling services?
a) Yes, I have used it more than once
b) Yes, I have used it once
c) No, I have never used it
d) No, I did not know about this program

2. Have you accessed UBC wellness advising appointments?
a) Yes, I have used it more than once
b) Yes, I have used it once
c) No, I have never used it
d) No, I did not know about this program

3. Have you ever accessed UBC group counseling programs?
a) Yes, I have used it more than once
b) Yes, I have used it once
c) No, I have never used it
d) No, I did not know about this program

4. Have you accessed Indigenous students' support?
a) Yes, I am eligible and have used it more than once
b) Yes, I am eligible and have used it once
c) No, I am eligible but have never used it
d) No, I did not know about this program

5. Have you ever accessed the UBC Student Assistance Program (SAP)?
a) Yes, I have used it more than once
b) Yes, I have used it once
c) No, I have never used it
d) No, I did not know about this program

6. Have you ever accessed the UBC Wellness Centre?
a) Yes, I have used it more than once
b) Yes, I have used it once
c) No, I have never used it
d) No, I did not know about this program

**********end of awareness section**********

1. Apart from the services included in the survey, are there any mental health services you wish had access to at UBC?
insert textbox

2. Overall, how would you describe your experience accessing mental health services on campus? Have you had any difficulty?
insert textbox

3. What do you think could be done to make mental health service access easier on UBC campus?
insert textbox

4. Is there any other information you would like to share? (optional question)

textbox
Thank you for participating in our survey! By doing so, you have the opportunity to win one of two prizes (1 year HOPR membership, or a FitBit)! Please follow this link to put your name down for this draw. https://ubc.ca1.qualtrics.com/