A thematic analysis of barriers to mental health help-seeking: a multi-cultural perspective

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Abstract. There are increasing overseas students suffering from mental problems. However, less students will seek help from mental services. This study is to explore the potential barriers of seeking help. Results identified 3 clearly-defined and well-supported themes of barriers to help-seeking (i.e. stigma, mental health literacy and awareness of services, culture and language). This study raises important public health issues as well as gaining an insight into how cultural barriers influence help-seeking behaviour, raising potentially fascinating further avenues for future study.

Keywords: Mental health, barriers, seeking help, multi-cultural perspective.

1. Introduction
Unquestionably mental health problems are amongst the most pressing public health concerns within the UK and across the world, particularly with the current tumultuous political and economic landscape where social issues are affecting more people. It has been comprehensively demonstrated in the literature that several barriers exist which prevent individuals from seeking help for mental health problems. To name a few: stigma, embarrassment, poor knowledge of mental health and desire to be self-reliant have been identified as the most important in adolescents [11]. The barriers and the extent to which they prevent help-seeking do vary between groups; for instance, young people compared to elderly individuals or in men compared with women [13]. Due to these differences there are many groups who are, thus far, under-studied or entirely neglected. For example, research on mental health literacy (MHL) is very sparse: within the UK; within postgraduate students; and within international students. This lends much weight to the justification for undertaking this line of research.

The need for research on these issues is further exemplified by the importance of MHL and stigma as reported by many studies around the world that correlate these factors with attitudes towards mental health, help-seeking behaviour and personal health outcomes [4][6][7][14][15][16]. MHL can be operationally defined as knowing when and where to seek help and developing competence in mental health care and self-management skills, as well as having the cognitive capacity and social skills that support mental health promotion [15]. Stigma shall be defined as discussed by Link and Phelan; their definition compromises of 4 parts: 1) distinguishing and labelling people 2) cultural beliefs link labelled people to negative stereotypes 3) labelled people categorised as not ‘one of us’ 4) labelled people are subjected to status loss and discrimination [17].

Having provided justification for the basis of the study as well as demonstrating the importance of issues such as MHL and stigma, the research was designed to obtain the opinions of a relatively
unstudied group. Whilst we accurately predicted stigma and MHL would be brought up by the participants, the nature of our method- a semi-structured focus group followed by a thematic analysis of the data- provided an ideal experimental model that allowed us to uncover new themes we had not considered prior to data collection. The nature of this type of study is far preferable to a quantitative study where discovering new avenues of investigation is impossible[2].

To explore the topic we undertook a qualitative research approach focusing on people's experience, behaviour, and perspectives. Qualitative research can answer some questions about "how" and "why", providing detailed insight and profound understanding which one-to-one interview or questionnaire tests cannot reach[9]. In qualitative research, many data collection approaches exist, a focus group approach is one of the most common methods. In previous studies the majority utilised quantitative research, particularly questionnaires, to investigate the phenomenon of students seeking mental health services[26][27]. However, a focus group approach has unique advantages in this field. It can provide different perspectives from other methods because of the interaction among multiple group members. Specifically, the group setting not only allows everyone to participate in the discussion with their own opinions, but also encourages the inactive members to express their opinions by reducing the pressure on them to answer in the way that they think researchers expect[5]. Furthermore, observing the collective views, attitudes, behaviours and experiences of participants provides rich and in-depth data[8]. Considering such advantages of a focus group methodology, we aim to expand on the results from previous research, as well as more deeply understand the perspectives of overseas students on possible barriers to mental health help-seeking.

2. Methodology

2.1. Procedure
The procedures and methods of this study were approved by the university of Glasgow's research ethics board. This study was a qualitative analysis, consisting of six participants (females=5, males=1). Such participants were recruited from the University of Glasgow aged 18-25 years. A moderator to facilitate the discussion, and an observer taking notes and monitoring the dynamics of the group, were present throughout the focus group. Additionally, considering ethical factors- the discussion was set at a private, quiet, and collectively convenient location. Participants, through email, were informed of the study considerations, such as safe data storage and future data utilisation, and basic information, such as the research purpose and process. Then, before the discussion, they were asked to read and sign the informed consent form.

2.2. Data Analysis
The recording of the focus group was transcribed and then edited by members of the research team to improve grammar to aid communication. Using the final transcript as shown in appendix 1 we began thematic analysis utilising the detailed method provided in the seminal thematic analysis article[2]. Their method describes a 5-phase strategy for performing a thematic analysis before writing up results in a report.

- Familiarising yourself with the data
  A draft transcript was read twice and edited to improve grammar. This edited transcript was further read twice to ensure good familiarity with the data before proceeding to the next phase.
- Generating initial codes
  Initially interesting quotes are shown in red text in appendix 1. This was the initial coding phase.
- Searching for themes
  Initial themes were identified and highlighted to emphasise the preliminary themes perceived to be evident in the data. A colour key is shown at bottom of the first page of the transcript in appendix 1. 4 initial themes were proposed relating to: stigma, services, knowledge/MHL or culture/language.
- Review and clarification
Upon reflection of the initial themes, the final themes were restructured into 3 key themes: stigma, MHL & awareness of services and culture/language.

3. Analysis
Many studies in this field have demonstrated the phenomenon that students are likely to have mental health problems, yet they are unwilling to seek help[24][26]. In these studies, several major barriers leading to this phenomenon have been repeatedly mentioned: stigma, attitudes to mental health and a lack of knowledge about mental health, as well as available services. Through our thematic analysis as detailed in the methodology section we identified 3 broad maxi themes: stigma, MHL/awareness of services and cultural/language barriers.

3.1. Stigma
In many related studies, stigma is one of the key topics of discussion in help-seeking behaviour[1][20]. Negative societal attitudes towards mental health and stigmatisation at a societal level are thought to be the predominant forces which dissuade individuals from help-seeking[19]. According to one study, stigma-related barriers include: concern about what others thought of their behaviour in seeking mental help, fear of being judged, and being too embarrassed or ashamed to seek help[11]. In the focus group discussion, two participants discussed a fear of suffering stigmatisation at the hands of medical professionals, an all too common complaint within the NHS particularly with non-specialist physicians attempting psychiatric diagnosis and treatment when they are not qualified to do so, as well as lacking the knowledge of mental health required to make informed decisions on patient care[19]. Participants claimed students may not want to disclose private information to others:

"It's just such a personal thing like some people might feel uncomfortable like going to counselling and telling a stranger” D: 113-114

"some people can react badly towards like someone, especially like a GP if they’re not expecting that kind of thing on a day to day. Like they could maybe say something that would really offend somebody who’s maybe worked up the courage to try get help.
So, it's trying to predict how it's going to go before you can actually go.” D: 167-170, 179-180

These views were consistent with previous studies on stigma beliefs. Participants pointed out confidentiality and trust as other possible reasons for a reduced intention to seek mental help.

"you wouldn’t want people to kind of see you like if you’re struggling, you wouldn't want to go somewhere where these are like on full display and like have people see you kind of pick up one” C: 227-229

This is consistent with previous studies[20][21], indicating that students are more willing to seek help from trusted sources of help. In addition, Gulliver and his colleagues (2010) suggested that this barrier theme may be related to stigma, and that the fear of exposure may stem from the fear of embarrassment and shame when the help-seeking behaviour was discovered by family and friends[11].

3.2. MHL & Awareness of Services
Two further themes were discussed by the participants that seemed to naturally co-locate; that of lacking knowledge of mental health and being unaware of services available both at a university level as well as via the NHS.

3.2.1. MHL: 2. Participants made interesting points with some crossover agreement on the issue of lacking sufficient understanding of mental health to be able to monitor and maintain their own mental health.
Firstly:

“I feel like it's a, like a spectrum... for mental health you're not sure when is the point that you need to go see. So, the line is not clear and there's not a lot of like educational stuff to teach you about it.” A: 118-121

The lack of MHL is an issue the participant concisely sums up by describing how not knowing when help-seeking is necessary is a problem: one which would certainly deter help seeking until a crisis point has been reached. The second point raised is also a pertinent one in that the educational opportunities to become mental health literate are not clearly available. Furthermore, this lack of knowledge exposes a flaw in our current education system if individuals are not realising that they are having mental health problems until it is too late.

Secondly,

“Mental health can definitely spiral more, so it doesn't just have to get worse before it gets better it can, it can kind of roller coaster itself. So, it's definitely harder to see what is, what is plateaued, what is okay, what are you happy with, and then what are you uncomfortable with.” D: 133-136

Another participant also agreed that many individuals lack the understanding of mental health that would aid them in seeking help. This plateau as described above, is essentially describing a mental health crisis. Hence, the lack of knowledge and the prevention of help seeking as a result, is leading to easily preventable mental health crises, which will certainly come at a great cost to the NHS through use of emergency services and hospitalisations which are exceptionally expensive.

3.2.2. Awareness of services: Only one participant had good knowledge of the available services, but they mentioned issues that they were aware of both within the University counselling service as well as with trying to seek help through the NHS.

“go as early as possible because there’s a waiting service” D: 248-249

The situation described by the participants regarding getting help through the university i.e. that the waiting times are so long you need go for help essentially well before you realise you have a problem. This is a serious issue with the service provided.

“And some people can react badly...” D: 167-170, 179-180

This comment not only discusses how to get help via the NHS, the only participant who was aware of how to get help but also raises an important issue of the fear of being mistreated by mental health professionals and the reality of the potential risk of seeing an unskilled, unknowledgeable GP who may be ignorant of many of the complexities of psychiatry. This could be very damaging for patients. These lapses in mental health care provision are probably best summed up by the prescription services provided by GP's over the years, the current big trend in GP practice is trying to wean off all the patients addicted to legally prescribed benzodiazepines, many of whom have been taking daily medication for years, if not decades. By no means is this the first time GPs have prescribed drugs in an area of care they shouldn't have responsibility for without specialist training. The examples of barbiturates and lithium historically are also strong arguments against GPs performing psychiatric prescribing.
3.3. Culture and Language

During the focus group discussion, two participants had interesting views on the impact of culture as a barrier to help-seeking behaviour.

"Asians are less likely to seek for help" A: 184-185

"Asian parents are more conservative and they don’t really think mental health issues are real issues" A: 189-191

The participant notes that Asians are less likely to seek help and goes on further to explain how this is a cultural bias within Asian populations that deters seeking help for psychiatric issues. The participant then potentially explains the reason for that by saying that Asian parents are so unaware of mental health issues that they don’t even believe they exist. With the generation before being of this opinion, it is no wonder Asian students are less likely to seek help.

"it’s maybe like the attitudes of different countries so like in the UK there's such a big thing about you know going get help this is what's available but maybe that's not like the same in different countries" E: 176-178

This view suggested that the reluctance to seek help with mental health may be related to the students' home nation due to different cultural environments. This comment is essentially what the participant before said except on a broader scale, not only are Asians effected but international students from many cultures could potentially be more hesitant to seek help.

"if it's not your first language would be difficult but also the language barrier of finding the words for your feelings" D: 199-200

The participant notes that non-native language speakers will struggle to concisely explain their symptoms due to language issues and this could deter non-native speakers from getting help when they need it. In fact, language barriers are also one of the main reasons why international students have been reluctant to ask for help, as shown in the literature. Certain studies[22][28] have shown that international students with mental health problems refused to ask for help because of communication difficulties.

4. Conclusion

The current study investigates potential reasons why many overseas students with mental health problems have little or no intention to ask for help via a qualitative research. The results pointed out three themes of barriers to seek help, which include stigma, mental health literacy and awareness of services, culture and language. The issues the participants raised were consistent with the literature in the case of stigma and MHL whilst also discussing less well-studied areas: culture, language and opinions of service provision.

4.1. Limitations

Although the use of focus group data provided us with a deep insight into the different perspectives of these barriers, there is always the caveat with this data that subjectivity may affect both data collection and analysis. To minimise this the focus group was led by another member of the interdisciplinary team and transcription was performed by an additional team member, neither of whom were involved in the data analysis and writing of this manuscript.
4.2. Implications
In comparison with existing studies, our study not only confirms the role of barriers such as stigma, MHL, language, trust and insufficient knowledge of mental services available, but also proposed a new barrier: culture. This has previously been neglected in the literature, so we propose a possibly novel - or at least greatly understudied - barrier to help seeking within the UK. In addition to theoretical strengths, our research also has potentially interesting implications for real world issues, principally through the importance of improving public health with regards to mental health. Identifying barriers to help-seeking behaviour provides healthcare related professionals with directions for improvement to ensure those needing help get it before their condition worsens. For example, it has been indicated that stigma is a major barrier to help-seeking behaviour. Policymakers should promote more campaigns against discrimination and stigma associated with mental illness, whilst healthcare professionals (e.g. GPs) should strive to provide patients with a non-judgmental, non-stigmatising and understanding environment [23].

4.3. Further Studies
The initial first step of subsequent research would be to repeat the focus group with different participants to ensure an optimal coverage of potential themes. A further 3 repetitions would likely achieve a 90% coverage of themes which would be sufficient to move on to the next step [10]. Having achieved a good coverage of potential themes, the next step would likely be to develop a quantitative test to measure these barriers. This has been partially explored in the literature, however developing a new test which was tailored to our needs would be ideal. One final piece of work that would be useful would be to develop literature or study materials promoting awareness and being anti-stigma, pro MHL, and understanding of mental health within a cultural perspective. This could be targeted firstly at at-risk groups: children, the elderly and individuals with disabilities. Teaching materials like this for MHL have been trialled in other countries, such as Canada and Australia, but have not been trialled in the UK.

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Appendices

Appendix 1

Interviewer: So the focus group for today is on the perception of barriers to seeking mental health support services differ for international students... So just to start off couple ground rules the questions that we'll ask they're not going to have a direct right or wrong answers. So you are encouraged to speak freely and share your point of view. Emm all questions that we ask are strictly for the use of the report and the relevant to the research questions. Anything we ask is not going to be, we're going to try and keep it quite concise. Emm all the opinions and experiences might differ from students to students. So we're just ask that you to respect all of these opinions. If at any time that you feel uncomfortable or anything like that just let us know. If anything are offensive or anything like that. Well, it's not like we're going to ask offensive questions, but if you do feel for any reason just let us know. Phones, just make sure that they are on silent, obviously you're not going to use them during the focus group. Feel free to go to the toilet or if you eat need to eat or drink, you don't have to ask or anything like that. It is being recorded just to let you know Liz is recording it, So just to make you aware of that. Anything that comes out from the focus group will only be used for the report for analysis only. Also all conversations are strictly confidential so we asked that we won't share it emm.. to not share out with anyone else and at all times to keep anything confidential. So no names or anything like that. So I'm Paige if you have met before this is Liz. So I'll be asking questions. Liz will just be there to any take notes and also record it. So if names or anything comes out of any of the questions we'll use pseudonyms if we need to use it in the report. So that we'll keep it strictly confidential and so that there is no identifiable information. So to begin, we've got some leaflets and things like that. So I can pass them around. If you want to have a wee scan at them. So these are about campus and things like that, it's all about kind of mental health. If you are struggling or anything like that. So I don't know if any of you have seen this about, or have been handed them before. So they're all kinda covering different aspects of mental health like bullying, eating disorder And we're all obviously related to services related to knowledge/...
postgraduates so it's slightly different to.... We all done our degree before so we can understand Uni life but it might slightly differ for undergraduates and things like that. So they'll just be handing these out for campus for students to see. So we all know where the library is and like the Boyd Orr building and things like that but does anyone know where we'd go if we want to like, you need help or anything like that. So it's not fairly fairly obvious like that. So before I ask any questions, Can we go around the room and just say your name and what you studied before just so we can identify the voice to the name. So we start.

Participant E: E studied music.

Interviewer: Music? Cool

Participant A: Hi I'm A I studied biology

Participant B: B studied physics

Participant C: C studied neuroscience

Participant D: I'm D and I studied sociology

Interviewer: Cool so quite a varied kinda group em. so have any of you have been handed any of these leaflets or anything like that before. Are you aware of.....

Participants: No
Interviewer: No, not really. So it's not very obvious where you would be going for. You know if you wanted help, if you wanted to speak to someone about anything that you were em wanting to speak about. So do you think that depends on what course you may be studied before or what course you're studying just now to know about where you would maybe go about mental health. So with psychology even more in touch with the kind of mental health aspects. Do you think that maybe differs in what course you studied before or?

Participant D: I think well for me personally it's definitely Mental health itself is definitely discussed a lot more because we're obviously studying it now. So like It's definitely a topic that can kinda comes up a lot more. It's more conversational. But I think personally it's merely from a different perspective like it's less personal. It's more kind of a professional stand. So em like the correct words to use and you know the correct way to talk to someone and deal with issues. And it's less how would you find this issue or how does it affect you. It's kind of from a different angle but seems to be definitely talked about a lot more just from the topic of our studies

Interviewer: Yeah we're kind of learning about it in lectures em Does anyone have the same opinion or any different opinions towards that?

Participants : No opinion.

Interviewer: Yeah so you're kind of doing it from a taught point of view.

Participant C: I think well like when we had our induction cause psych science and psych studies like when we had the induction like they told us about like counselling services and
stuffs like that then but I think in the college of arts before I came here they were very much
kind of like... here if you need help you gotta get it.

Interviewer: Yeah ... Do you think it might not be as obvious for maybe for someone who is
doing something completely different as we are... So can anyone think of any potential
reasons for maybe having to seek help for mental issues or anything like that? [pause] So
with emm like I was saying earlier with undergraduates, the stress of moving from school to
uni. That's kind of like the a totally different atmosphere emm for postgraduates. Can you
think of any potential reasons maybe?

Participant C: Emm maybe like the social aspects of it so like being away from especially
for undergrad being away from your close group of friends for the first time and maybe like
cchina the culture shock of like being around so many different types of people and different
accents and different cultures and trying to kind of fit yourself in you might feel like isolated
or isolation at the start and everything.

Interviewer: Yeah

Participant E: Kind of stand out from the crowd or something

Interviewer: Yeah

Participant D: Try to make friends again like obviously if you did your undergrad at a
different university different country or whatever, you would have to make friends first year
if your undergrad and have to do the whole thing all over again like with post grad
Interviewer: Yeah it's different at Uni as well and if you're coming from a different country
is probably a bit more emm you know a bit harder to adjust along with the actual degree itself.

Participant: Yeah

Interviewer: So with like physical health emm you know if you feel a bit sick or you've got
an actual illness, you know you're more likely to go to the GP and its fine it's second nature
if you're unwell. So can anyone think of barriers why if you know you're struggling with
something mentally why there might be that barrier to you know so you delay seeking help?
Can anyone think of...

Participant D: It's just such a personal thing like some people might feel uncomfortable like
like going to counselling and telling a stranger... Obviously it's still their job but people
might feel uncomfortable doing it if it's like such a personal like issue..... they might need to
kind of like brave up, like mentally and prepare themselves to do it.

Participant A: I feel like it's a, like a spectrum, like for physical health like it's a fever and
you're gonna go to the doctor but for mental health you're not sure when is the point that you
need to go see. So the line is not clear and there's not a lot of like educational stuff to teach
you about it.

Interviewer: Yeah definitely. So there's some studies that's been done and there is some
barriers reported where some students thought that there might not be a need. So obviously
it's kind of more black and white with physical health you know if you've struggle with
something, you can see it almost, you can measure it. So does anyone think about that so that
its not as black and white for mental health you might not think, or they might think it’s not
effective....

Participant D: People emm like a lot of people if they do have like a cold or a flu they’ll
blame it on something else and put it off for as long as possible to avoid going, yeah and they
kind of know it’ll get worse before it gets better and you have to deal for a few days on
Antibiotics or whatever and then it’ll go away but like mental health can definitely spiral
more so it doesn’t just have to get worse before it gets better it can, it can, it can kind of roller
coaster itself. So it’s definitely harder to see what is, what is plateaued, like what is okay,
what are you happy with, and then what are you uncomfortable with. So like, what’s a bad
day for you and what is you on a real low or like you really not feeling yourself. It can be
hard to kind of look like introspection at your own health and kinda see it that way. And I
think like, like were said earlier you do have to do that first before you can go on, kind of pull
it all together to present it to someone else or kind of ask for help professionally. You have to
kinda look inwards first to take it to someone else

Interviewer: And do you think that maybe emm so if you are coming from another country
there might be a language barrier there’s you know all those kind of aspect. Could that maybe
have a role to play as well like for people to maybe not seek it. So when were comparing
native to international students, could that be a, a barrier. Do you think if there is

Participant B: yeah

Interviewer: yeah? So maybe you could-
151 Participant B: Actually me, like people think I am Chinese one time but I can’t speak
152 Chinese. I don’t understand Chinese.
153
154 Interviewer: Right, there’s an assumption. That’s obviously difficult to deal with. So if there
155 was a situation where emm like an international student was to, if they want to em seek help,
156 would you think there would be another barrier added on to that? You know with language
157 added on so there might be the initial, you know, you’re reluctant to seek help because you
158 might think you don’t need it or, I don’t know…. there would be a stigma with it but will
159 language play a role as well …..do anyone think
160
161 Participant D: I think it could even just emm like trying to predict what the other person is
162 going to say Or how they’re going to react and prepare yourselves can be more difficult if it’s
163 just a different situation like if it’s just, it’s not your home country or it’s not your own
164 language it can be harder to predict how they’re gonna take it. And obviously in a
165 professional basis one should manage it with the same professionalism but like sadly that’s
166 not always the case. And some people can react badly towards like someone especially like a
167 GP if they’re not expecting that kind of thing on a day to day. Like they could maybe say
168 something or insinuate something that would really offend somebody whose maybe worked
169 up the courage to try and go and get help.
170 Interviewer: Yeah it’s a big thing.
171 Participant D: So it's trying to predict how it's going to go before you can actually go.
Participant E: I think like as well as language it’s maybe like the attitudes of different countries so like in the UK there’s such a big thing about you know going get help this is what's available but maybe that's not like the same in different countries so maybe there's kind of like more sort of like man up and get on with it attitude or maybe there's even more you know the slightest thing go and get help.

Interviewer: Yeah

Participant A: Yeah like the cultures, just make you apart. I think Asians are less likely to seek for help—

Interviewer: So could that be another barrier then if you’re less likely to back home

Participant A: Yeah I think like Asian parents are more conservative and they don’t really think mental health issues are real issues. Yeah, from my experience. Yeah, so, that could be a barrier.

Interviewer: Yeah, Does anyone else want to add to that... Yeah language might play a role...

Participant D: Yeah I think emm the language barrier obviously of having a conversation with someone else if it’s not your first language would be difficult but also the language barrier of finding the words for your feelings like finding the correct language to summarize
### Appendix 2

#### Table of themes

| Theme 1: Stigma |
|----------------|
| **D** (113-114) | "It's just such a personal thing like some people might feel uncomfortable like going to counselling and telling a stranger" |
| **D** (167-170, 174) | "some people can react badly towards like someone, especially like a GP if they're not expecting that kind of thing on a day to day. Like they could maybe say something that would really offend somebody who’s maybe worked up the courage to try get help. So, it's trying to predict how it's going to go before you can actually go." |
| **C** (228-229) | "you wouldn't want people to kind of see you like if you're struggling you wouldn't want to go somewhere where these are like on full display and like have people see you kind of pick up one" |

| Theme 2: Mental health literacy/ knowledge of services |
|----------------|
| **A** (118-121) | “I feel like it's a, like a spectrum… for mental health you're not sure when is the point that you need to go see. So, the line is not clear and there's not a lot of like educational stuff to teach you about it.” |
| **D** (133-136) | “Mental health can definitely spiral more, so it doesn't just have to get worse before it gets better it can, it can, it can kind of roller coaster itself. So, it's definitely harder to see what is, what is plateaued, what is okay, what are you happy with, and then what are you uncomfortable with.” |
| **D** (249) | "go as early as possible because there’s a waiting service" |
| **D** (167-170) | "some people can react badly towards like someone, especially like a GP if they’re not expecting that kind of thing on a day to day. Like they could maybe say something that would really offend somebody who’s maybe worked up the courage to try get help. So, it's trying to predict how it's going to go before you can actually go.” |

| Theme 3: Culture/ language |
|----------------|
| **A** (184-185) | "Asians are less likely to seek for help" |
| **A** (189-190) | "Asian parents are more conservative and they don’t really think mental health issues are real issues" |
| **E** (176-178) | "it’s maybe like the attitudes of different countries so like in the UK there's such a big thing about you know going get help this is what's available but maybe that's not like the same in different countries" |
| **D** (199-200) | "if it's not your first language would be difficult but also the language barrier of finding the words for your feelings" |