The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 12, Issue 3, July- September, 2024
DIP: 18.01.046.20241203, DOI: 10.25215/1203.046
https://www.ijip.in

The International Journal of INDIAN PSYCHOLOGY

Research Paper

Perceived Barriers to Accessing Counselling Services in Urban Higher Educational Institution in Bengaluru, India

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ABSTRACT

The rigorous demands and expectations placed on college students, both personal and professional, can increase their vulnerability to mental health issues, yet their tendency to seek mental health counselling is still low. This study aims to explore the barriers to seeking mental health counselling made available to students by their higher educational institutions. The participants were 56 students aged 18-22 years (28 males, 28 females) who were currently enrolled in colleges in Bangalore. 17 of them were from the humanities stream, 19 were from commerce, and 20 were from the sciences. They were selected using the convenience sampling technique. Barriers to Seeking Mental Health Counseling Scale (BMHC) was administered online, and descriptive statistics was used to analyse the data. The results indicated college students moderately experienced barriers to seeking college-provided mental health counselling in all six dimensions of BMHC: negative perceived value, ingroup stigma, discomfort with emotions, lack of access, lack of knowledge, and cultural barriers. Negative perceived value was most frequently considered a low barrier by participants, whereas cultural barriers were most commonly perceived as a high barrier. Compared to females, male participants reported negative perceived value and ingroup stigma as higher barriers. Participants from the humanities perceived negative perceived value as a low barrier.

Keywords: *Barriers, Counselling, Higher Education*

The transition from adolescence to adulthood is a tumultuous period of change. It is marked by significant transformation physically, physiologically, psychologically, and socially (World Health Organization, 2014). Young adults strive towards establishing independence, excelling in academics and career, forming strong and healthy personal relationships, navigating existing relationships with parents and peers, and overall autonomy. The phase also comes with an appetite to engage in risky behaviours, with a tendency for exposure to substance abuse and violence. This period of change poses substantial threats to an individual's mental health. The findings from a 2007 study suggested that three-fourths of all lifetime mental health problems first appear by the mid-twenties (Kessler et al., 2007). It then becomes imperative for systems to address the mental health of young people.

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Received: July 08, 2024; Revision Received: July 22, 2024; Accepted: July 25, 2024

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According to the Ministry of Health and Family Welfare 2020 Report, India has 252 million people aged between 15 and 24 years, which is a significant proportion of the country's population. The 2015-2016 National Mental Health Survey found that as many as 7.3 percent of adolescents and 10.6 percent of young adults suffer from mental health problems. Therefore, it is important that a country like India have various policies in place to address the mental health concerns of the youth. Currently, the Mental Healthcare Act 2017 (MHCA), the National Mental Health Policy 2014, and the National Mental Health Program works towards these challenges (Girase et al., 2022). Additionally, the University Grants Commission requires that higher educational institutions have Student Service Centers manned with competent mental health counsellors to address particular needs of students.

Research has suggested that although mental disorders are common among young adults, they often refrain from seeking professional help (Gulliver et al., 2010). While structural barriers like lack of services or dearth of mental health professionals have a role to play, there is also the presence of knowledge-based barriers like lack of awareness and attitudinal barriers like stigma (Mohamed, 2021). One's preferences for seeking mental health counselling are also influenced by sociodemographic and attitudinal factors. Previous research has identified several factors that inhibit individuals from seeking psychological services for mental health issues. These include demand side barriers like low perceived need, inadequate awareness, and stigma, as well as supply side barriers like lack of resources. While there has been a focus on decreasing structural barriers by increasing access to mental-health care in India, attitudes towards help-seeking have been given less importance due to their complex nature (Sanghvi & Mehrotra, 2020).

Seeking help has the potential to decrease psychological distress and enhance mental well-being (Sanghvi & Mehrotra, 2020). Unnithan (1986) noted that providing counselling services in educational environments would assist the student who is growing into adulthood and facing the multiple challenges that come with it. Thus, identifying college students' perceived barriers to seeking psychological help is critical to improving the accessibility of mental health interventions and promoting overall well-being within the college community. By understanding these barriers, interventions can be designed to address them, and systems and services can work towards being more accessible.

REVIEW OF LITERATURE

Various theory-based models have been posited to understand individuals' help-seeking behaviours. Ajzen's (1991) theory of planned behaviour suggests that mental health help-seeking attitudes are dependent on one's attitude toward the behaviour, perceived societal norms, and the perceived difficulty that they would encounter while engaging in the behaviour. Cramer's help-seeking model (1999) suggests that seeking help is linked to one's attitude towards counselling, as well as other factors such as the level of distress that one expects to encounter, social support, and the tendency to hide personal information (Sanghvi & Mehrotra, 2021). These theories suggest that understanding an individual's inclination towards seeking mental health support would then predict their behaviour.

Through the years, a number of psychometric scales have been developed to measure help-seeking. Fischer and Turner's (1970) Attitudes towards Seeking Professional Psychiatric Help measures attitudes towards help-seeking in four different dimensions- recognition of need for psychological help, stigma tolerance, interpersonal openness, and confidence in mental health professionals. Barriers to Access to Care Evaluation (BACE) (Clement et al.,

2012) assesses barriers faced by individuals while seeking help for mental ill health. The Barriers to Seeking Mental Health Counseling (BMHC) scale by Shea et al. (2012) assesses an individual's perceived barriers to help-seeking. It is a 27-item scale specifically designed for administration among college-aged students.

Considerable research has been done to understand barriers towards accessing mental health services in the West. Numerous studies have found a number of factors that inhibit individuals from seeking psychological services for mental health issues. These include stigma (Jorm et al., 2007; Gulliver et al., 2010), attitudinal barriers such as choosing to handle the problem on one's own (Rickwood et al., 2007; Gulliver et al., 2010; Wilson and Deane, 2012) and thinking that the issue will resolve itself without intervention (Thompson et al., 2004; Sareen et al., 2007). The perceived effectiveness of service providers and the advantages of obtaining treatment from them (Rickwood et al., 2007; Rughani et al., 2011) and attitudes toward mental illnesses also act as hindrances.

A study was conducted in a British University looking specifically at students' use of university counselling services (Cooke et al. 2006). 4,699 first year university students, 84% of first year students at the university, were participants in the study. Only 3% of participants reported that they had used the university counselling service by the end of their first year. The study also found that the university counselling service was meeting a felt need which limited access to students of the vulnerable population. Other studies on students' usage of university counselling centres revealed similar results, where only 2% to 4% of university students chose to avail these services (Flisher et al, 2002; Setiawan, 2006; Yoo & Skovholt, 2001). The lower rates of utilisation have been linked to stigma related to seeking help and the students' inclination to be self-reliant. A study by Gulliver et al. (2010) on individuals between ages 18 and 25, suggested that discomfort with talking about feelings was the most highly reported reason for delaying or not seeking professional help, followed by stigma associated with mental-health counselling.

Research pertaining to barriers towards seeking mental health counselling of young adults in India is limited. Studies are mostly restricted to studying help-seeking patterns in general community samples and treatment-seeking samples (Behari et al., 2016; Dutta et al., 2019; Fathima et al., 2018; Jilani et al., 2018; Mathias et al., 2015; Naik et al., 2012; Pal et al., 2003; Pattanayak & Sagar, 2012; Sahu et al., 2019; Upadhyaya et al., 2018). These studies have identified structural barriers such as inadequate resources and stigma related to mental health as barriers to seeking professional help, along with poor identification of mental illnesses where depression was looked at as a normal event that would pass with time (Sanghvi & Mehrotra, 2020). A study by Menon et al. (2014) examined the barriers faced by medical students towards seeking counselling services. Stigma, confidentiality issues, lack of awareness about where to seek help and fear of unwanted intervention were more commonly reported for mental healthcare seeking. They also explored the attitude of the students towards mental health when compared with physical health and the findings suggested that students were more indifferent to their mental health issues and preferred self-diagnosis and informal consultations over formal documented care.

Findings from prior studies also reveal a significant influence of gender on perceived barriers and attitudes towards seeking counselling services (Ang et al., 2004; Heath et al., 2017; Rafal et al., 2018; Vogel et al., 2007). Several studies have linked positive help-seeking attitudes with the female gender. The impact of gender on attitudes towards seeking

professional psychological help among trainee teachers in Singapore was examined by Ang et al. (2004). Their study revealed that, in comparison to males, females exhibited more favourable overall attitudes towards seeking professional assistance and were more likely to acknowledge their own need for help. Research has also shown that men in college have a higher reluctance to seek help with respect to mental health problems (Heath et al., 2017). Rafal et al. (2018) found that men reported poorer attitudes towards seeking information related to counselling and mental health. Researchers suggest that adherence to conventional male gender roles may result in them having more rigid convictions regarding their need for independence and individual authority in comparison to females (Vogel et al., 2007), which can negatively influence their help seeking attitudes.

MATERIALS AND METHODS

Research topic

Perceived barriers to seeking counselling services in urban higher educational institutions in Bengaluru, India.

Research questions

The following research questions were explored.

1. To what extent do students perceive barriers when considering accessing counselling services offered by higher education institutions?
2. Is there a difference in these perceived barriers based on their gender?
3. Is there a difference in these perceived barriers based on their stream, whether sciences, commerce, or humanities?

Objectives

Given the context of prior research, the objectives of the current study were to accomplish the following.

1. To assess students' perceived barriers to accessing counselling services in higher educational institutions.
2. To explore if there are differences in the perceived barriers based on gender.
3. To investigate if there are variations in perceived barriers based on field of study.

Hypotheses

On the basis of the literature review, the following hypotheses were formulated.

1. Male students perceive higher barriers to accessing counselling services in higher educational institutions than their female counterparts.
2. There is no difference in levels of perceived barriers to accessing counselling services in higher educational institutions with respect to the students' area of study.

Operational definitions

1. Higher educational institutions refer to educational institutions that provide programs of study that result in obtaining an undergraduate or postgraduate degree.
2. Counselling services refers to mental health counselling services provided by professionals, designed to help individuals resolve their problems that are either emotional or personal in nature. It does not constitute career counselling or academic guidance.
3. Perceived barriers refer to obstacles or hindrances that one believes that they will experience or have experienced when performing a task.

4. Stream, in the context of this study, refers to a student's principal field of study or academic path. The sciences, commerce, and humanities are the three main streams. Physical sciences, life sciences, and professional programmes like engineering and medicine are all included in the sciences. Commerce comprises fields of study related to business. Humanities encompasses academic disciplines like sociology and political science that study various facets of culture and society.
5. Negative perceived value refers to an individual's negative attitude towards seeking professional help for mental health problems. It may be rooted in cultural beliefs, stigma towards mental health, or concerns about effectiveness of treatment (Shea et al., 2012).
6. Ingroup stigma refers to the stigma towards mental health seeking in one's family or friends, and their disapproval towards seeking counselling (Shea et al., 2012).
7. Discomfort with emotions refers to the uneasiness that an individual might feel while expressing their emotions (Shea et al., 2012).
8. Lack of knowledge refers to an individual's lack of awareness about the mental health counselling services available to them and the procedures to access them (Shea et al., 2012).
9. Lack of access refers to financial, geographical and time constraints that can hinder an individual from seeking mental health counselling. In the context of this study, it pertains to only time constraint (Shea et al., 2012).
10. Cultural barriers refer to factors related to an individual's personal background that can hinder their ability to benefit from mental health counselling. This can be due to differences between cultural beliefs of the counsellor and the individual, or incongruence between their beliefs and the counselling process itself. (Shea et al., 2012).

Inclusion criteria

Students who were actively enrolled in either undergraduate or postgraduate programmes at higher educational institutions in Bangalore, and were aged between 18 and 25, were included in the study.

Exclusion criteria

Participants who fulfilled inclusion criteria but were currently receiving services from, or had ready access to, mental health professionals other than those provided by their higher educational institution were not considered.

Research design

The present study aimed to assess the perceived barriers of students when considering accessing counselling services offered by higher educational institutions. To achieve this, quantitative research methodology was employed.

The scope of the study was limited to colleges in Bangalore. The participants consisted of students who were presently enrolled in an undergraduate or postgraduate program in various colleges in Bangalore. Data was gathered using a self-administered survey that was distributed online. The survey constituted two parts, questions regarding the participant's demographic details and a modified version of the Barriers to Accessing Mental Health Counselling (BMHC) Scale by Shea et al. The data was then analysed using descriptive analysis.

Sample

The sample for this study consisted of students who were currently enrolled in undergraduate or postgraduate programs in various colleges in Bangalore. They were selected by convenience sampling. Students were approached either through social media or in and around campuses. A total of 75 responses were received, out of which 14 met the exclusion criteria and 5 were excluded due to invalid responses. The participants consisted of 28 females and 28 males, with an age range of 18 to 22 years. Out of the 56 participants, 17 were from the humanities stream, 19 were from commerce, and 20 were from the sciences. The participants were assured of their confidentiality and informed consent was obtained from all participants.

Assessment tool

The Barriers to Mental Health Counseling (BMHC scale) by Shea et al. was used to assess participants' perceived barriers to accessing counselling services provided by their educational institutions. The scale consists of 27 items and assesses perceived barriers in six different dimensions: negative perceived value, ingroup stigma, discomfort with emotions, lack of access, lack of knowledge, and cultural barriers. The scale consists of items presented in the form of statements with six answer options ranging from “Strongly disagree" (1) to "Strongly agree" (6). Items 10, 13, and 26 are reverse scored where “Strongly disagree” is given a score of 6 and “Strongly agree” is given a score of 1. Participants were asked to choose an answer based on their self-assessment of each item, and scores were calculated for each dimension.

The scale was tested for various reliability and validity measures. For criterion-related validity, the correlational scores of each of the subscales with self-stigma, perceived behaviour control of initiating counselling, and help seeking intention was found. The results demonstrated evidence for criterion-related validity. For discriminant-related validity, the correlation between each of the subscales and self-deception enhancement and impression management measures were analysed. They were found to be to be nonsignificant in all cases except Discomfort with Emotions which displayed medium effect size with self-deception enhancement (r=-.29). The results showed some support for discriminant-related validity. All BMHC subscales achieved satisfactory levels of internal consistency with Cronbach’s Alpha scores as follows: Negative Perceived Value (.74), Discomfort with Emotions (.88), In-group Stigma (.86), Lack of Knowledge (.88), Lack of Access (.82), and Cultural Barriers (.83). The BMHC scale was administered to 39 participants, twice, two weeks apart, to measure test–retest reliability. Satisfactory test-retest reliability was found by analysing bivariate and intraclass correlations for all of the BMHC subscales which were found to be positive and significant.

A number of contextual and cultural modifications were made to the scale for the purpose of the current study.

1. Since the current research pertains only to counselling services provided by higher educational institutions, the instructions given to the participant were slightly modified. "We are interested in your attitudes or perceptions about seeking mental health counselling if you were to have the abovementioned experiences. By ‘mental health counselling’ we refer to services provided by counsellors, psychologists, psychiatrists or other professionals who use therapy to help individuals cope with their personal or emotional problems (e.g., stress, anxiety, depression, substance problems, interpersonal conflicts)." was replaced with "We are interested in your

attitudes or perceptions about seeking mental health counselling from your college counsellor if you were to have the abovementioned experiences. By "mental health counselling" we refer to services provided by college counsellors who use therapy to help individuals cope with their personal or emotional problems (e.g., stress, anxiety, depression, substance problems, interpersonal conflicts).

2. Since the current study focuses on counselling services made available by the higher educational institutions, item number 20, "I have no financial means (e.g., insurance, money) to afford mental health counselling services" was removed.
3. With respect to identification of salient cultural dimensions, the additional dimension of caste was included.

RESULTS AND DISCUSSION

The participant's scores were analysed using descriptive statistics. The mean and standard deviation of the scores on each of the dimensions of the BMHC were found. The scores were then categorised into three categories, low, moderate, or high (as shown in Table 3) using the formulas as shown in Table 2. The mean scores with respect to gender and stream were found for each dimension, and were categorised using formulas in Table 2.

Table 1. Showing the Mean and Standard Deviation of the respondents' scores on each of the dimensions of the BMHC

Dimension	Mean	Standard Deviation
Negative Perceived Value	20.44	6.12
Ingroup stigma	17.53	5.64
Discomfort with emotions	20.95	5.64
Lack of Knowledge	11.16	3.96
Lack of Access	10.57	4.19
Cultural Barriers	16.20	5.80
Overall	93.57	16.77

Table 2. Showing the categorisation formulas

Categories	Categorization formula
Low	$X < (M - 1SD)$
Moderate	$(M - 1SD) \le X < (M + 1SD)$
High	$(M + 1SD) \le X$

Table 3. Showing the categorization of scores

Dimension	Category	Frequency	Percentage
Negative Perceived Value	Low	20	35.71%
	Moderate	34	60.71%
	High	2	3.5%
Ingroup stigma	Low	13	23.21%
	Moderate	35	62.5%
	High	8	14.28%
Discomfort with Emotions	Low	8	14.28%
	Moderate	42	75%
	High	6	10.71%
Lack of Knowledge	Low	12	21.42%
	Moderate	40	71.4%
	High	8	14.28%

Dimension	Category	Frequency	Percentage
Lack of Access	Low	10	17.85%
	Moderate	36	64.25%
	High	10	17.85%
Cultural Barriers	Low	12	21.4%
	Moderate	27	48.21%
	High	15	26.78%
Overall	Low	8	9.3%
	Moderate	41	73.21%
	High	7	12.5%

Table 4. Showing the mean scores of each dimension with respect to gender and their categorization

Dimension	Gender	Mean	Categorization
Negative Perceived Value	Male	18.67	Moderate
	Female	15.64	Moderate
Ingroup Stigma	Male	19.10	Moderate
	Female	15.96	Moderate
Discomfort with Emotions	Male	22.03	Moderate
	Female	19.85	Moderate
Lack of Knowledge	Male	10.75	Moderate
	Female	11.57	Moderate
Lack of Access	Male	11.71	Moderate
	Female	9.42	Moderate
Cultural Barriers	Male	15.89	Moderate
	Female	16.5	Moderate
Overall	Male	98.17	Moderate
	Female	88.96	Moderate

Table 5. Showing the mean scores of each dimension with respect to stream and their categorization

Dimension	Stream	Mean score	Categorization
Negative Perceived Value	Science	18.7	Moderate
	Commerce	18.94	Moderate
	Humanities	13.3	Low
Ingroup stigma	Science	17.7	Moderate
	Commerce	18.57	Moderate
	Humanities	15.05	Moderate
Discomfort with Emotions	Science	22.2	Moderate
	Commerce	20.52	Moderate
	Humanities	18.8	Moderate
Lack of Knowledge	Science	10.85	Moderate
	Commerce	13.05	Moderate
	Humanities	9.55	Moderate
Lack of Access	Science	11.4	Moderate
	Commerce	11.47	Moderate
	Humanities	8.65	Moderate

Dimension	Stream	Mean score	Categorization
Cultural Barriers	Science	17	Moderate
	Commerce	14.78	Moderate
	Humanities	16.65	Moderate
Overall	Science	97.85	Moderate
	Commerce	97.36	Moderate
	Humanities	82	Moderate

DISCUSSION

Understanding the barriers that individuals perceive when considering seeking mental health counselling will help to improve accessibility of systems by designing interventions to address these barriers. This study focused on students' perceived barriers to seeking help for mental health problems in the absence of financial constraints by limiting the scope to counselling services made available to students by their higher educational institutions. The participants' responses to the Barriers to seeking Mental Health Counselling (BMHC) scale were analysed and are discussed below.

Negative perceived value refers to an individual's negative attitude towards mental health counselling. It may be due to their beliefs, stigma associated with mental health, or doubts about effectiveness of treatment. The perception of the lack of value in the available interventions may influence individuals to rely on informal sources of help, such as friends or family. The mean of the scores in this dimension is 20.44. 60.71% of participants considered it a moderate barrier, 35.71% viewed it as a low barrier, and only 3.5% perceived it as a high barrier. Negative perceived value is the dimension with the highest percentage of participants in the low category and the lowest percentage in the high category. This can be attributed to the increase in psychoeducation as well as the mental health awareness of urban youth. When viewed with respect to gender, we see that females have a lower mean of 15.64, though both mean scores are categorised as moderate. The hypothesis that male students perceive higher barriers is supported. On the other hand, the null hypothesis with respect to stream is not supported with participants from the humanities viewing it as a low barrier for humanities students, while participants belonging to the science and commerce stream reported them as being a moderate barrier.

Ingroup stigma refers to the stigmatised views of mental health counselling of an individual's family or friends, and their disapproval towards seeking counselling. The mean score is 17.53, with 23.21% of participants viewing it as a low barrier, 62.5% considering it a moderate barrier, and 14.28% of participants perceive it as a low barrier. Male students experience this barrier more as depicted by their higher mean score. The hypothesis that male students perceive higher barriers is supported by the data. The mean scores of all streams fall into the moderate category. The null hypothesis pertaining to streams is supported.

Discomfort with emotion refers to the unease an individual might feel with expressing emotions, which is an integral part of mental health counselling. The mean score is 20.95 with 14.28% of participants perceiving it as a low barrier, 75% considering it a moderate barrier, while 10.71% viewed it as a high barrier. Both male and female mean scores fall in the moderate category. The alternative hypothesis that males perceive higher barriers is not

supported in this case. The null hypothesis concerning streams is supported with mean scores of all three streams falling in the moderate category.

Lack of knowledge refers to lack of awareness of the mental health services available to an individual and the procedures to avail them. The overall mean is 11.161. The results revealed that 21.42% of participants viewed it as a high barrier, 71.4% considered it a moderate barrier, and 14.28% perceived it as a high barrier. The alternative hypothesis that males perceive higher barriers is not supported in this dimension, with females having a higher mean score despite both falling in the moderate category. The null hypothesis with regard to streams is affirmed with all mean scores falling in the moderate category.

Lack of access pertains to other physical barriers- primarily, time in the context of this study, that can act as a hindrance to a student seeking mental health counselling services on campus. The mean score was found to be 10.571. Equal percentages of participants (17.85%) perceived it as a high and low barrier, and 64.25% viewed it as a moderate barrier. All mean scores with regard to gender and stream fell into the moderate category. The null hypothesis pertaining to streams was supported, while the alternative hypothesis with respect to gender was not.

Cultural barriers refer to factors related to an individual's personal background and beliefs, or facets of identity like gender or sexual orientation that can act as a barrier to their ability to access and benefit from mental health counselling. This can be due to differences between beliefs of the counsellor and the individual, or incongruence between their beliefs and the counselling process itself. The overall mean score was found to be 16.196. 21.4%, 48.21%, and 26.78% of participants viewed it as a low, moderate, and high barrier respectively. When compared to other dimensions, cultural barriers had the highest percentage of participants who viewed it as a high barrier. Further interventions need to be designed to address this barrier including adapting the process of counselling to the Indian cultural context as well as diverse representation of mental health professionals. With regard to gender, both mean scores fell into the moderate category, and the hypothesis was not supported. The mean scores pertaining to streams, as well, fell into the moderate category, and the null hypothesis was supported.

Overall, we see the mean score to 93.571, with 73.21% of students perceiving moderate barriers to accessing mental health counselling services made available to them by their colleges, 9.3% participants reported experiencing only low barriers, while 12.5% perceived high barriers.

CONCLUSION

The results reveal that most participants perceived moderate barriers when thinking of accessing counselling services provided by their higher educational institutions. This suggests that implementing effective interventions can prove useful in changing their perception, thereby increasing utilisation of college counselling services. Lack of Knowledge was identified as a moderate barrier by 71.4% participants and a high barrier by 21.42% of them. More effective methods need to be employed to inform students of the services available to them. With respect to the dimension of Negative Perceived Value, it was revealed that the participants from the humanities perceived it as a low barrier. Psychoeducation that focuses on benefits of seeking mental health counselling need to be included in lower levels of education. In universities, messaging can be tailored to each

stream to render them more effective. Ingroup stigma was also identified as a moderate barrier among participants. This suggests that efforts need to be undertaken to educate families of the students as well. Cultural Barriers was most commonly reported as a high barrier. It suggests that there is a need for additional training to address the cultural background of the students, adapting the process of counselling to the Indian context, increase diversity in hiring mental health professionals in universities, and effective communication of these efforts to the students.

There exists a need for additional research in larger samples to further understand the degree to which students face barriers, their causes, and interventions to address them.

Limitations

The study was conducted in a small sample size, which imposes considerable limitations to the findings. Furthermore, the participants were selected by convenience sampling, therefore the data may not be representative of the actual population, and the results cannot be generalised. It is important to note that the data in this study are based on self-reports. The data was analysed only using descriptive analysis, which further limits the findings of the study. Additionally, barriers such as increased need for autonomy in young adults (William & Deane, 2012) and lack of trust due to affiliation to institutions are not explored. Continued research with deeper analysis and large samples is required.

REFERENCES

Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, *50*(2), 179-211.

Ang, R. P., Lim, K. M., Tan, A. G., & Yau, T. Y. (2004). Effects of gender and sex role orientation on help-seeking attitudes. *Current Psychology*, *23*(3), 203-214.

Department of Health and Family Welfare. (2020). Annual Report 2019-20. In *Ministry of Health and Family Welfare*. Ministry of Health and Family Welfare.

Behari, M., Gupta, D. K., Singh, V., Verma, K. K., Sengupta, S. N., Sidana, R., Goswami, M. (2016). Help seeking behaviour and pathways to care among patients seeking care at a community mental health clinic and psychiatry outpatient department of a medical college: A study from North Rajasthan. *J Ment Health Hum Behav*, *18*, 18-33.

Clement, S., Brohan, E., Jeffery, D., Henderson, C., Hatch, S. L., & Thornicroft, G. (2012). Development and psychometric properties the Barriers to Access to Care Evaluation scale (BACE) related to people with mental ill health. *BMC psychiatry*, *12*, 1-11.

Cooke, R., Bewick, B. M., Barkham, M., Bradley, M., & Audin, K. (2006). Measuring, monitoring and managing the psychological well-being of first year university students. *British Journal of Guidance & Counselling*, *34*(4), 505-517.

Cramer, K. M. (1999). Psychological antecedents to help-seeking behavior: A reanalysis using path modeling structures. *Journal of Counseling Psychology*, *46*(3), 381.

Dutta, M., Spoorthy, M. S., Patel, S., & Agarwala, N. (2019). Factors responsible for delay in treatment seeking in patients with psychosis: A qualitative study. Indian Journal of Psychiatry, 61(1), 53.

Fathima, M. A., Mehrotra, S., & Sudhir, P. M. (2018). Depression with and without preceding life event: Differential recognition and professional help-seeking inclination in youth?. Indian Journal of Social Psychiatry, 34(2), 116-119.

Fischer, E. H., & Turner, J. I. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. Journal of Consulting and Clinical Psychology, 35(1, Pt.1), 79–90.

Flisher, A. J., Beer, J. P. D., & Bokhorst, F. (2002). Characteristics of students receiving counselling services at the University of Cape Town, South Africa. *British Journal of Guidance and Counselling*, *30*(3), 299-310.

Girase, B., Parikh, R., Vashisht, S., Mullick, A., Ambhore, V., & Maknikar, S. (2022). India's policy and programmatic response to mental health of young people: A narrative review. *SSM-Mental Health*, 100145.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC psychiatry*, *10*(1), 1-9.

Heath, P. J., Brenner, R. E., Vogel, D. L., Lannin, D. G., & Strass, H. A. (2017). Masculinity and barriers to seeking counseling: The buffering role of self-compassion. *Journal of counseling psychology*, *64*(1), 94.

Jilani, A. Q., Saha, R., Dalal, P. K., Kallivayalil, R. A., Tiwari, A., & Kar, S. K. (2018). The impact of awareness of psychotic disorder on pathways to psychiatric care for first episode psychosis in India. International Journal of Culture and Mental Health, 11(3), 295-310.

Jorm, A. F., Wright, A., & Morgan, A. J. (2007). Where to seek help for a mental disorder?. *Medical Journal of Australia*, *187*(10), 556-560.

Kelly, C. M., Jorm, A. F., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *Medical Journal of Australia*, *187*(S7), S26-S30.

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Üstün, T. B. (2007). Age of onset of mental disorders: a review of recent literature. Current opinion in psychiatry, 20(4), 359-364.

Mathias, K., Goicolea, I., Kermode, M., Singh, L., Shidhaye, R., & San Sebastian, M. (2015). Cross-sectional study of depression and help-seeking in Uttarakhand, North India. BMJ open, 5(11), e008992.

Menon, V., Sarkar, S., & Kumar, S. (2015). Barriers to healthcare seeking among medical students: a cross-sectional study from South India. *Postgraduate medical journal*, *91*(1079), 477-482.

Mohamed, K. A. (2021). *Attitudes towards seeking professional psychological help with mandated clients* (Doctoral dissertation, Rutgers University-Graduate School of Applied and Professional Psychology).

Murthy, R. S. (2017). National mental health survey of India 2015–2016. *Indian journal of psychiatry*, *59*(1), 21.

Naik, S. K., Pattanayak, S., Gupta, C. S., & Pattanayak, R. D. (2012). Help-seeking behaviors among caregivers of schizophrenia and other psychotic patients: a hospital-based study in two geographically and culturally distinct Indian cities. Indian journal of psychological medicine, 34(4), 338-345.

Pal, H. R., Yadav, S., Joy, P. S., Mehta, S., & Ray, R. (2003). Treatment nonseeking in alcohol users: a community-based study from North India. Journal of studies on alcohol, 64(5), 631-633.

Pattanayak, R. D., & Sagar, R. (2012). A qualitative study of perceptions related to family risk of bipolar disorder among patients and family members from India. International Journal of Social Psychiatry, 58(5), 463-469.

Picco, L., Abdin, E., Chong, S. A., Pang, S., Shafie, S., Chua, B. Y., ... & Subramaniam, M. (2016). Attitudes toward seeking professional psychological help: Factor structure and socio-demographic predictors. *Frontiers in Psychology*, *7*, 547.

Rafal, G., Gatto, A., & DeBate, R. (2018). Mental health literacy, stigma, and help-seeking behaviors among male college students. *Journal of American college health*, *66*(4), 284-291.

Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems?. *Medical journal of Australia*, *187*(S7), S35-S39.

Rughani, J., Deane, F. P., & Wilson, C. J. (2011). Rural adolescents' help-seeking intentions for emotional problems: The influence of perceived benefits and stoicism. *Australian Journal of Rural Health*, *19*(2), 64-69.

Sahu, A., Patil, V., Purkayastha, S., Pattanayak, R. D., & Sagar, R. (2019). Pathways to care for patients with bipolar-I disorder: an exploratory study from a tertiary care centre of north India. Indian Journal of Psychological Medicine, 41(1), 68-74.

Sanghvi, P. B., & Mehrotra, S. (2021). Help-seeking for mental health concerns: review of Indian research and emergent insights. *Journal of Health Research*, *36*(3), 428-441.

Setiawan, L.J. (2006). Willingness to seek counselling, and factors that facilitate and inhibit the seeking of counselling in Indonesian undergraduate students. *British Journal of Guidance & Counselling*, *34*(3), 403-419.

Shea, M., Wong, Y. J., Nguyen, K. K., & Gonzalez, P. D. (2019). College students' barriers to seeking mental health counseling: Scale development and psychometric evaluation. *Journal of counseling psychology*, *66*(5), 626.

University Grants Commission. (2022, May). *Guidelines for Promotion of Physical Fitness, Sports, Students' Health, Welfare, Psychological and Emotional Well Being at Higher Educational Institutions of India*. https://www.ugc.gov.in/pdfnews/9666273_Guidelines-for-students-health.pdf

Unnithan, G. J. (1986). Counselling services in Indian educational institutions: Needs and challenges. *International Journal for the Advancement of Counselling*, *9*(2), 197-203.

Upadhyaya, S. K., Raval, C. M., & Sharma, D. K. (2018). The sociocultural factors and patterns of help-seeking among patients with mental illness in the sub-Himalayan region. Industrial Psychiatry Journal, 27(2), 279.

Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. *Journal of counseling & development*, *85*(4), 410-422.

Wilson, C. J., & Deane, F. P. (2012). Brief report: Need for autonomy and other perceived barriers relating to adolescents' intentions to seek professional mental health care. *Journal of adolescence*, *35*(1), 233-237.

World Health Organization. (2014). Adolescence: A period needing special attention. *Health for the World's Adolescents: A second chance in the second decade*.

Yoo, S. K., & Skovholt, T. M. (2001). Cross-cultural examination of depression expression and help-seeking behavior: A comparative study of American and Korean college students. *Journal of College Counseling*, *4*(1), 10-19.

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Maria, S. (2024). Perceived Barriers to Accessing Counselling Services in Urban Higher Educational Institution in Bengaluru, India. *International Journal of Indian Psychology*, *12*(3), 492-504. DIP:18.01.046.20241203, DOI:10.25215/1203.046