

Barriers To Utilization of Counselling Services Among College Students

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Abstract- College students are experiencing substantially more mental health issues, although use of counselling services remains low. The study aims to explore the barriers that influence college student's help-seeking behaviour, as well as their beliefs, attitudes, and experiences with counselling. A qualitative research strategy was used, based on a phenomenological approach. Students aged 18 to 25 participated in the study, which used semi-structured interviews and purposive sampling to collect data. Data were analysed using theme analysis (Virginia Braun and Victoria Clarke, 2006). The findings revealed several interconnected difficulties, including a lack of awareness of counselling, the idea that counselling is a last resort, internalised stigma, fear of being judged, and issues of confidentiality. Participants also exhibited a clear preference for self-reliance and informal sources of support, such as friends. Moreover, lack of use of the services was also attributed to familial influence, cultural silence around mental health, and institutional factors such as lack of understanding and accessibility. The study finds that barriers to therapy are influenced by psychological, social, cultural, and institutional factors. It underscores the importance of improving understanding, reducing stigma, and establishing safe, accessible counselling settings in schools.

Index Terms- Counselling, Help-Seeking Behaviour, College Students, Stigma, Barriers, Qualitative Research

I. INTRODUCTION

Mental health issues among college students have been described as a major global public health concern. The task of creating an identity and becoming an independent adult can be particularly difficult for students during the young adult stage. The context of higher education combines instability, exploration of identity, and heightened emotional sensitivity, all of which are characteristic of what Arnett (2000) refers to as 'emerging adulthood' at this age. Student affairs personnel also have to deal with

academic stress, social problems, and occupational uncertainty that can lead to psychological problems.

Many college students have high levels of anxiety, stress, and depression symptoms during college (Eisenberg, Hunt, & Speer, 2012). These issues can impair a student's academic success, personal growth, and general well-being.

Recently, the number of students suffering from mental health difficulties has grown rapidly. Auerbach et al. (2016) found that about one-third of college students reported high levels of psychological distress. In India, the mental health issues of students are caused by intense academic rivalry, high parental and societal expectations, and a lack of adequate coping skills. However, there is a wide discrepancy in student's utilisation of professional counselling services.

In India, this gap is widened by the pressures of fierce academic competition, strong parental and societal expectations, and cultural norms that often frame psychological distress as something to be managed privately within the family. Although studies have highlighted the high levels of distress among Indian university students (Verma et al., 2011; Rao et al., 2009), there has been limited qualitative work that examines how students themselves experience and navigate these challenges when deciding whether to seek help.

The obstacles to using counselling services are not universal; they are shaped by local belief systems, social relationships, and institutional contexts that Western research frameworks struggle to fully capture (Bhugra, 2006; Gopalkrishnan, 2018).

The present study seeks to fill this gap through a qualitative, phenomenological method, exploring the

hurdles that prevent college students from accessing counselling services, with a special focus on the Indian socio-cultural setting. Qualitative inquiry is especially appropriate for this purpose, as it enables the researcher to access participants' subjective experiences, meanings, and interpretive frameworks, rather than merely capturing observable behaviours (Creswell & Poth, 2018). The project seeks to offer nuanced, contextually grounded insights that might inform the construction of more culturally sensitive, accessible, and effective mental health support systems in higher education institutions, highlighting students' own voices and lived experiences.

II. LITERATURE REVIEW

Studies have shown that college students face a complex set of barriers when seeking help. These obstacles are layered across psychological, sociocultural, and structural dimensions, and together they contribute to the low uptake of counselling services—even in settings where such support is formally available.

2.1 Mental Health Literacy and Perceived Need

A study by Daniel Eisenberg and colleagues (2015) found that students are most likely to seek counselling when they perceive a need for it, specifically when they view their problem as severe or unmanageable. Otherwise, they treat their stress, anxious thoughts, and emotional pain as part of the college experience. And therefore, so many students daily suffer from mental health issues in silence, avoiding help-seeking behaviour and exacerbating the deterioration of their mental health.

In addition to perceived need, mental health literacy has been shown to impact help-seeking behaviour. We are in 2026, yet people still have misconceptions about what counselling really is. The belief that they hold about counselling is the major barrier, which is the belief that only mentally ill people should participate in counselling, preventing individuals from going for counselling.

One of the major barriers to counselling is the interwoven stigma in humans, like public stigma or self-stigma. Stigma prevents individuals from going and exploring counselling, and students may perceive

seeking help as a sign of weakness, which ultimately prevents them from accessing the help they need. A systematic review conducted by Sara Clement and colleagues (2015) found consistent evidence that stigma affects help-seeking across a range of different populations.

2.2 Stigma

Studies from recent years, such as those by Guy M. Goodwin (2017), suggest that stigma may be associated, in part, with identity concerns, particularly among young adults in the process of forming identity. Concern about how peers and faculty might view them can significantly influence students' decisions about whether or not to seek help for mental health issues.

Additionally, stigma can be deeply internalised, causing individuals to avoid acknowledging their need for help. In addition to perceptions of stigma, there are attitudinal barriers that prevent students from seeking help, such as self-reliance and emotional avoidance. Research has shown that many students prefer to handle their problems on their own. Their perception of the need for self-reliance is influenced by how they define strength and independence. Students also report feeling uncomfortable discussing personal issues, fearing vulnerability, and not knowing how to express their emotions.

2.3 Attitudinal and Emotional Barriers

Beyond stigma, attitudinal barriers, including self-reliance, emotional avoidance, and discomfort with self-disclosure, have been extensively documented. Gulliver, Griffiths, and Christensen (2010), in a systematic review, found that embarrassment, preference for personal control, and reluctance to discuss private matters were among the most frequently cited barriers among young people.

Rickwood et al. (2005) established self-reliance as a particularly prevalent attitudinal barrier, with many students perceiving independent problem management as a marker of strength and competence.

2.4 Cultural Factors

Cultural factors may influence the attitudes towards mental health of individuals from non-Western

backgrounds. In collectivistic cultures across many non-Western societies, including India, the influence of family, social norms, and cultural beliefs often shapes how individuals view mental health and psychological well-being. Many young students sometimes avoid counselling due to the fear of being perceived as weak by society (Gopalkrishnan, 2018).

2.5 Structural and Institutional Barriers

Structural barriers can continue to impede access to counselling for individuals with substance use problems. Factors such as identified costs, lack of accessibility, and service availability contribute as significant barriers to the use of counselling (Laura Helena Andrade et al., 2014).

Even when counselling services are offered through a college counselling centre, structural barriers can limit access, as students have to wait weeks or even months to receive services. Additionally, there is typically a limit on the number of sessions students can participate in before having to pay for them.

The timing of counselling sessions can also be a barrier, interfering with other commitments students have to complete. These factors may deter students from engaging in the first session or drop out of counselling prematurely.

Research has also identified institutional and service-related barriers that can discourage students from seeking help for difficulties affecting their learning. These include a lack of trust that services will keep their information confidential and that counsellors will not judge the student (Girio-Herrera et al., 2019).

II. METHODOLOGY

3.1 Research Design

A qualitative, phenomenological research design was adopted, consistent with the study's aim of understanding participants' subjective experiences and the meanings they attribute to counselling and help-seeking. Within the qualitative paradigm, the present study adopts a phenomenological research design. Phenomenology focuses on understanding the essence of individuals lived experiences and how they make sense of them (Clark & Moustakas, 1994, *Phenomenological Research Methods* book).

The choice of phenomenology for the present study is justified by the nature of the research problem. Barriers to counselling services are subjective and vary among individuals based on their personal, social, and cultural backgrounds.

3.2 Participants and Sampling

In qualitative research, the focus stays on depth rather than breadth. Therefore, purposive sampling was employed to select participants who could provide rich and relevant information about the phenomenon under study (Michael Quinn Patton, 2002, *Qualitative Research Evaluation Method* book). The participants were undergraduate students aged 18 to 25 years.

This sample was considered an age group in this area, mostly because it represents a crucial developmental stage characterised by increased psychological vulnerability and identity exploration. Data collection continued until data saturation.

3.3 Data Collection

Data for this study were collected through semi-structured interviews, a commonly used qualitative research method. This method was especially suitable for this study because it addresses sensitive topics such as mental health and counselling. Semi-structured interviews allow participants to share their thoughts and feelings openly, yielding rich, detailed data.

The interviews were conducted face-to-face, and a sentence-completion test was used as a projective technique to gain a deeper understanding. Each interview lasted approximately 30–40 minutes and was audio-recorded with the participants' consent. Field notes were also maintained to capture non-verbal cues and contextual information.

3.4 Data Analysis

The data collected were analysed using thematic analysis, as proposed by Virginia Braun and Victoria Clarke (2006). Thematic analysis is used to find, analyse, and report patterns in qualitative data. It provides a structured but flexible way to analyse data, making it suitable for phenomenological research. The analysis involved several steps.

First, the interviews were transcribed word-for-word to ensure accuracy. Then, the researcher read the transcripts several times to get familiar with the data. Next, the first codes were created by identifying and labelling important parts of the data. Similar codes were then categorized into themes. These themes were reviewed and refined to ensure coherence and consistency. Finally, the themes were defined and interpreted in relation to the research objectives.

3.5 Rigour and Ethics

In qualitative research, ensuring rigour is one of the most important factors to enhance the credibility and validity of findings. The present study employed the criteria proposed by John W. Creswell (2014), including credibility, transferability, dependability, and confirmability.

Credibility was ensured by closely engaging with the data and through member checking, in which participants reviewed and confirmed the findings. Dependability was supported by keeping a detailed record of every step in the research process.

Transferability was achieved by giving detailed descriptions of the research context so readers can decide if the findings apply elsewhere. Confirmability was supported by reflexivity, in which the researcher recognised potential biases and remained objective throughout the research.

IV. FINDINGS

This chapter presents the findings derived from the thematic analysis of semi-structured interviews conducted with college students.

The analysis followed the six-phase framework proposed by Braun and Clarke (2006): familiarisation with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report.

Throughout this process, the researcher maintained an interpretive phenomenological orientation, attending closely to the meaning's participants attributed to their experiences of counselling and help-seeking (Smith, Flowers, & Larkin, 2009).

Table 3.1

Theme	Subtheme	Illustrative Quote(s)
Theme 1: Conceptualisation of Counselling as Functional and Limited	1.1 Counselling Simplified to Direction and Problem Resolution	"Counselling is mostly for guidance, like career or future decisions." (P2) "It helps when you are confused and need direction." (P5)
	1.2 Partial Psychological Awareness	"It is about what is going on in somebody's head." (P3) "Counselling helps you to understand what you are feeling" (P6).
Theme 2: Counselling at the Edge of Crisis	2.1 Help-Seeking Only at High Levels of Distress	"I would only go if things got really bad." (P1) "Counseling is for when you are not able to handle anything anymore." (P6)
	2.2 Counselling as Instrumental Decision Support	"If I am confused about life decisions, then counselling might help. (P4)"
Theme 3: The Social Construction of the Counselling User	3.1 Counselling as Belonging to 'Others'	"It's for people who are mentally disturbed." (P5)
	3.2 Internalised and Ambivalent Stigma	"It's not wrong to go, but still it feels weird (P3)."
Theme 4: Conditional Comfort and Relational Ambivalence	4.1 Comfort as Situational	"It depends on the issue and how serious it is." (P6)

	4.2 The Tension Between Familiarity and Professional Distance	"I want someone I can trust, but not someone I know personally. (P4)"
Theme 5: Fear of Judgment and Fragility of Trust	5.1 Fear of Judgment	"I feel like I'll be judged if I go." (P1)
	5.2 Concerns About Confidentiality	"What if my personal things don't stay private?" (P2)
Theme 6: Self-Reliance and Preference for Informal Support	6.1 Solving Problems Independently	"I prefer handling my problems on my own." (P5)
	6.2 Friends as Accessible and Non-Judgmental Support	"Friends are easier to talk to because they understand." (P1)
Theme 7: Family Influence and Cultural Silence	7.1 Absence of Conversations Around Counselling	"We never really talk about counselling at home." (P2)
	7.2 Anticipated Family Reactions as a Barrier	"My parents might not understand counseling." (P3)
Theme 8: Awareness Gaps and Institutional Barriers	8.1 Lack of Awareness of Available Services	"I didn't know our college had counselling services." (P6)
	8.2 Institutional Distrust and Accessibility Concerns	"College counselling doesn't feel completely private." (P4)
Theme 9: Pathways Toward Accessibility and Acceptance	9.1 Need for Awareness and Psychoeducation	"If more awareness was there, people would go." (P1)
	9.2 Importance of Trust and Safe Spaces	"Counselling should feel safe and non-judgmental." (P5)

Theme 1: Limited and Functionally Oriented Understanding of Counselling

Across all interviews, participants articulated a predominantly functional understanding of counselling, conceptualising it as a service for obtaining guidance—particularly in relation to academic decision-making, career planning, and life direction. Counselling was rarely described in terms of emotional processing, therapeutic relationship, or psychological well-being.

"Counselling is mostly for guidance, like what to do next in studies or a career. It helps when you are confused and need someone to give direction."

These responses are consistent with what Rickwood et al. (2005) refer to as an 'instrumental' orientation to help-seeking, in which support is sought for practical problem-solving rather than emotional exploration.

The conceptualisation of counselling as a practical resource may enable students to position their

potential use of it as rational and purposive rather than as an admission of vulnerability or dysfunction. This finding suggests, from a mental health literacy perspective (Jorm, 2000), a significant knowledge deficit: students do not understand that counselling addresses a wide range of emotional, relational, and psychological difficulties and that it involves structured therapeutic processes rather than directive advice-giving.

This pattern is a sign of fragmented psychological awareness: students have isolated psychological concepts but not an integrated understanding of counselling as a structured professional intervention. Similar responses have been found by Downs and Eisenberg (2012), where many students were unable to distinguish between informal emotional support and formal psychological intervention. Rickwood and Thomas (2012) argue that this conceptual vagueness

is one of the biggest barriers to help-seeking, since students cannot decide whether they need professional support.

Theme 2: Counselling as a Last Resort

Participants consistently talk about counselling as a resource to be taken only in moments of overwhelming distress, labelled by feelings of "depression," "inability to comprehend," or "unmanageable stress."

"I would only go if things get really bad."
"Counselling is for when you are not able to handle anything anymore."

This 'threshold model' of help-seeking has been extensively documented in the literature. Gulliver et al. (2010) similarly found that students' preference for managing difficulties independently led them to frequently delay seeking professional help until problems had escalated to crisis levels.

The internalised expectation that one should 'manage on one's own' until a critical threshold is reached likely causes substantial suffering that could be alleviated by earlier engagement with professional support. In addition to distress, counselling was also linked to confusion, mainly about the kind of choices life offers us, either in a career or to go in a certain direction. The consistent emphasis on outcomes over process in participants' accounts suggests that the affective and relational dimensions of counselling—safety, reflection, and containment—remain largely invisible to students, further restricting its perceived relevance.

Theme 3: The Social Construction of Counselling Need

A recurring pattern across interviews was the distancing of counselling from participants' own self-concept. Counselling was described as designed for a specific category of person—one characterised by severe psychological disturbance or social marginalisation—rather than as a universally accessible resource.

"It's for people who are mentally disturbed." "Not everyone needs counselling, only those with serious issues."

Corrigan et al. (2014) describe the process of 'label avoidance,' in which individuals resist engaging with mental health services because doing so would require them to self-identify as belonging to a stigmatised group. Yanos et al.

(2010) argue that this psychological distancing is a form of internalised stigma that operates largely beneath conscious awareness, making it particularly resistant to simple educational interventions. The implication is that awareness campaigns alone—which target cognitive misconceptions—are unlikely to be sufficient; interventions must also address the affective and social dimensions of stigma (Corrigan & Rao, 2012).

Theme 4: The Conditional Nature of Comfort with Counselling

Participants did not feel comfortable with counselling in common. The seriousness of the situation, who the counsellor was, and how safe the environment was perceived to be all affected their willingness to seek help. Participants expressed a complex, sometimes contradictory, set of preferences for counsellor identity. This shows a deeper conflict between the desire for emotional safety (familiarity) and the need for professional distance (confidentiality and neutrality). Mowbray et al. (2006) argue that university counsellors have multiple roles within the institution, which may lead to role confusion.

Theme 5: Fear of Being Judged and Fragile Trust

A prominent and emotive theme in all interviews was the fear of being judged by a counsellor. Participants did not perceive the counselling space as neutral or safe per se, but anticipated evaluation, misinterpretation, or negative judgment of their difficulties.

"I feel like I will be judged." "What if they think something is wrong with me?"

This finding echoes a substantial body of literature on the role of anticipated stigma in deterring help-seeking. Vogel et al.

(2007) found that social concerns—specifically the fear of being negatively evaluated by a counsellor—were a significant predictor of reduced intentions to seek psychological help. Participants were also

unsure whether their personal information would remain private, especially in a college environment where counsellors are also teachers.

These concerns are consistent with findings from Girio-Herrera et al. (2019), who identified confidentiality concerns as one of the most frequently cited barriers to campus counselling utilisation.

Theme 6: Self-Reliance and Preference for Informal Support

Most of the people who took part wanted to solve problems on their own. Self-reliance was implicitly framed as a virtue, and the impulse to 'handle things on one's own' was articulated without apparent conflict or self-criticism.

"I prefer handling things on my own."

Rickwood et al. (2005) found that self-reliance was one of the most commonly reported attitudinal barriers to professional help-seeking among young people across cultural contexts. When self-reliance is absolute rather than a conditional strategy, it can block access to help at the right time.

Participants who sought support beyond self-management consistently identified friends as their primary resource. Peer support has real value, especially in normalising distress and providing immediate emotional containment, but is not a substitute for professional intervention in cases of clinical-level psychological difficulty (Byrom, 2018).

Theme 7: Family Influence and Cultural Silence Around Mental Health

Many of the participants expressed that for them, mental health and counselling were not subjects discussed within their family environments. This silence was not always experienced as a prohibition; rather, it was simply absent—a topic that lacked an established place in family discourse.

"We never talk about counselling at home."

The absence of family communication about mental health has been identified as a significant cultural determinant of help-seeking across multiple contexts.

In collectivistic cultures such as India, the family unit functions as the primary site of emotional

management and problem-solving (Gopalkrishnan, 2018). Raguram et al. (2001) also explained in their research that family attitudes toward mental illness were among the strongest predictors of help-seeking behaviour among Indian patients, with family disapproval functioning as a powerful deterrent regardless of the individual's own attitudes.

Theme 8: Institutional and Structural Barriers

Participants who were not from the psychological department were mostly unaware that counselling services existed within their college.

"I did not know my college had counselling." "No idea about the counselling services in our college."

Mowbray et al. (2006) found that a substantial proportion of students with identified mental health needs reported not accessing campus services primarily because they were unaware of them. These findings indicate that institutions cannot assume that simply making services available is enough: proactive, repeated, multi-channel outreach is required to make services genuinely accessible. This suggests the potential value of off-campus or independently operated counselling services for students who feel unable to engage with institution-embedded provisions.

Theme 9: Facilitators and Conditions for Engagement

Those participants who reported a higher level of openness to counselling tended to relate this to a greater familiarity, either personal or vicarious, with mental health discourse. Increased normalisation of help-seeking amongst the student community was identified as a potential facilitator.

"If people talked about it more, I might think about it."

The prerequisites for counselling engagement were remarkably similar across all the interviews. Students needed to feel confident that the counselling space was private, non-judgmental, and emotionally safe before they could contemplate accessing it. These conditions are exactly what Rogers (1957) referred to as the core therapeutic conditions necessary for change: unconditional positive regard, empathy, and congruence.

V. DISCUSSION

The present study aims to explore the barriers affecting college students' utilisation of counselling services. The findings revealed that behaviour is influenced by multiple factors, which include psychological, social, cultural, and structural factors. These aligned with existing literature and also provided insight into an in-depth experience focusing on perceptions and attitudes.

One of the most salient outcomes was the poor awareness and misconceptions about counselling services identified in the study. Participants did not understand counselling well and often thought of it as being related to severe mental illness rather than to ordinary emotional problems.

This is in accordance with the idea of mental health literacy developed by Anthony F. Jorm (2000), who underlined that unawareness of mental health disorders and the available treatments might seriously impair help-seeking behaviour.

Interestingly, studies reveal that stigma operates not only at the societal level but is also deeply internalised by individuals. Students may expect negative judgments without being explicitly criticised, reflecting how they have internalised cultural views of mental health. Stigma is further exacerbated by cultural issues. Countries like India, which are collectivist in nature, tend to emphasise social identity and family reputation, which have a significant impact on an individual's conduct. The study by Raguram R. et al.

(2001) highlighted the role of cultural perceptions and family attitudes in help-seeking behaviour, which supports this finding.

Institutional factors exacerbated individual and cultural barriers. Inadequate outreach meant that many students remained entirely unaware of available services. Among those who were aware, concerns about confidentiality and the perceived dual roles of counsellors significantly eroded trust. These findings echo Mowbray et al. (2006) and Girio-Herrera et al. (2019), and point to the need for proactive, multi-channel communication about

counselling services and their confidentiality protections.

Another finding was emotional and attitudinal barriers, indicating fear of vulnerability and discomfort with self-disclosure. Students were less likely to seek counselling because of fear of being criticised or misunderstood by others. This conclusion was supported by Brene Brown (2012), who spoke of the significance of vulnerability in one's life and how it is frequently viewed as a risk rather than a strength.

Overall, the findings of the present study highlight that important aspects of counselling are not isolated factors; rather, they are interconnected elements that interact with societal influences, creating mutually reinforcing psychological barriers such as stigma and fear. These barriers, along with cultural and environmental norms, contribute to a complex network of obstacles that reduce the likelihood of students seeking mental health services.

Limitations

Firstly, the sample size of this study was small, which limits the generalizability of the findings. Qualitative research focuses on depth rather than breadth; the results may not reflect the experiences of all college students. Second, the data were self-reported and could be biased by social desirability.

Participants may not have been willing to openly share their ideas and experiences, given the sensitivity of the topic. Third, because the study was conducted on a specific age range (18-25 years) and at a specific educational institution, the results may not be generalizable to other groups of people.

Further, the findings may be subject to the cultural characteristics peculiar to the Indian context, making it difficult to generalise the results for other cultural settings.

VI. CONCLUSION

The present study attempted to explore the barriers to college students' access to counselling services with special reference to the Indian sociocultural context. Employing a qualitative, phenomenological

methodology, the study produced a rich, contextually embedded dataset that sheds light on the complex nexus of psychological, social, cultural, and institutional influences that shape students' engagement with professional mental health support.

The study found that poor mental health literacy was a fundamental obstacle to help-seeking among Indian college students (Jorm, 2000; Rickwood & Thomas, 2012). Participants displayed comprehension of counselling and what it comprises through assistance and problem solving, but did not discuss emotional processing, the therapeutic relationship or preventive psychological care. This misunderstanding makes therapy seem irrelevant to the majority of students.

The findings showed that stigma operated in more internalised, ambivalent and covert ways than is often assumed in the literature. Even though participants often cognitively endorsed help-seeking, their emotional responses of discomfort, hesitation and avoidance reflected deeply embedded stigmatising beliefs (Corrigan, 2004; Vogel et al., 2007).

The findings also indicate that cultural variables have extensive and multi-layered influence on students' help-seeking orientation. The family in the Indian collectivistic culture is a key source of emotional support and a significant source of normative restraint (Gopalkrishnan, 2018; Raguram et al., 2001).

Future research should also consider how digital mental health interventions might overcome barriers to standard counselling. Future research may also look at the role of digital mental health services and online counselling platforms, which are gaining increasing importance in addressing accessibility barriers (Ebert et al., 2019).

However, the cultural acceptability and effectiveness of such platforms in the Indian context remain understudied and warrant dedicated empirical research.

In conclusion, the findings of this study make clear that increasing students' utilisation of counselling services requires a multi-level, culturally informed

approach that simultaneously addresses psychological, social, cultural, and structural barriers.

Universities in India have an important role to play in creating campus cultures in which students feel not only permitted but genuinely supported in seeking professional help when they need it. To help students overcome these mental health barriers, the collaboration should span multiple domains, including the academic, counselling, policy, and community sectors, to promote better mental health.