Perception on Mental Health Care and Barriers to Seeking Mental Health Services in College Students of Bangladesh: A Qualitative Exploration

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Abstract
Student mental health in the academic context has been a growing concern. They experience a variety of challenges while seeking mental health services. However, there is a severe scarcity of studies on mental health concerns among middle-income semi-urban college students of Bangladesh. This study sought to assess Bangladeshi students' perceptions of mental health and the barriers they encounter when seeking mental health care as well as to offer intervention strategies to overcome these barriers. This study used a qualitative technique, with data collected through 6 focus group discussions (FGDs) including 94 participants from three geographical locations of Bangladesh (Sylhet, Kishoreganj, and Khulna). Purposive sampling methods were employed in the selection of participants. The verbatim transcription and thematic analysis were carried out using manual coding. The findings of the study revealed that participants' perceptions of mental health were mostly influenced by their physical and social perspectives. The shortage of mental health professionals, socioeconomic disparities, financial issues, and unsupportive family settings were found as the most prevalent barriers to getting mental health care. The study highlights the barriers to accessing mental health services and limitations in the availability of preventive and early mental health care. Mental health awareness campaigns, psychosocial support-related training, and psychological counseling can be offered to the students to address the barriers they face. This may help them become resilient and build an efficient support system.

Keywords: South Asia, Mental Health Perceptions, Higher Education, Social Stigma in MH, Bangladesh

Introduction

Mental illnesses have continued to rank among the top ten major causes of burden worldwide since 1990 (Ferrari, 2022). Around 970 million individuals around the globe experience mental health issues, with anxiety and depression being the most prevalent disorders (Kestel et al., 2022). Mental disorders are highly prevalent globally, particularly in low- and middle-income countries (Naveed et al., 2020). Mental disorders were ranked as the eighth most significant disease burden in Asia in 2019, contributing to 5.0% (4.0–6.1%) of total Disability-Adjusted Life Years (DALYs). Among the analyzed mental disorders in Asia, depressive disorders (37.1%), anxiety disorders (21.5%), and schizophrenia (13.8%) were identified as the top three contributors to the burden of mental disorder-related DALYs (Chen et al., 2024). South Asian countries, which account for one-quarter of the world's population and include nations such as India, Pakistan, Nepal, Sri Lanka, Bhutan, Bangladesh, Afghanistan, and the Maldives, face significant mental health challenges. Approximately 150–200 million people in this region are diagnosed with psychiatric disorders (Thara & Padmavati, 2013). Studies shows that approximately 14.5 million adults in Bangladesh are suffering from mental disorders (Hossain et al., 2014).

Despite the substantial burden of illness, the mental health infrastructure in South-East countries of Asia remains relatively weak, with approximately 2% of national budgets allocated to mental health (Sharan et al., 2017). Moreover, there is a shortage of psychiatrists, clinical psychologists, and other mental health professionals, as well as social workers (Thara & Padmavati, 2013). In Bangladesh, the mental health infrastructure faces severe challenges. With a population exceeding 166 million, there are only 260 psychiatrists and approximately 500 psychologists available to provide care (Hasan et al., 2021). The limited number of service providers and low health budgets indicate that nations do not prioritize mental health as highly as other health issues. Additionally, social stigma and lack of awareness surrounding mental health plays a significant role in discouraging individuals from seeking help for mental disorders (Hasan et al., 2021).

Mental health care among university or college students is also an increasingly significant public health concern. The prevalence of depressive or anxiety disorders was found to be 15.6% among undergraduates and 13.0% among graduate students, as reported by the American College Health Association's 2015 survey (Eisenberg et al., 2007). In a study on mental health issues among university students in Southeast Asia, the prevalence rates were found to be 29.4% for depression, 42.4% for anxiety, 16.4% for stress, and 13.9% for disordered eating. Additionally, suicidal ideation was reported in 7% to 8% of students (Dessauvagie et al., 2022). The mental health of Bangladeshi university students is also a significant concern. A recent study revealed that a total of 55.9% of Bangladeshi students studying at honors or masters level exhibited poor mental health status. Female students were particularly affected, with poorer mental health compared to their male counterparts. Additionally, students in public universities showed worse mental health conditions than those in private universities (Ovi et al., 2024).

A study involving college students found that perceived public stigma was significantly higher among students than personal stigma. Personal stigma was more prevalent among students who identified as male, younger, Asian, international, more religious, or from lower-income families (Eisenberg et al., 2009). The situation regarding mental health perceptions and related stigma is similarly challenging in Bangladesh. A study highlighted that more than one-third of Bangladeshi students lacked adequate knowledge about mental health (Siddique

et al., 2022). Financial support for mental health services is also extremely limited, with only 0.44% of the government health budget allocated to the mental health sector (Hasan et al., 2021). These factors contribute to significant gaps in mental health care accessibility and availability for students in Bangladesh. Students' energy level, concentration, dependability, cognitive abilities, optimism etc. can be significantly impact by mental health problems thereby hindering their academic performance. College students studying at honors and masters level frequently cite stress, anxiety, depression, sleep difficulties, and other mental health issues as factors negatively affecting their academic performance. Moreover, these issues can have long-term consequences for students, potentially affecting their future employment opportunities, earning potential, and overall health (Eisenberg et al., 2007, 2009).

A lot of significant research have been conducted on mental health issues among Bangladeshi university students, exploring conditions such as depression, anxiety, stress, suicidal tendencies (Ali et al., 2022; Islam et al., 2020; Mamun et al., 2019). However, most studies have primarily focused on students in large cities attending public and private universities. Mental health concerns among Bangladeshi college students studying at honor's or master's level from semi-urban areas have been largely neglected. Furthermore, to the best of the author's knowledge, no study has explored Bangladeshi college students' perceptions of mental health issues or the barriers they face in accessing mental health care services. Based of the findings of some previous studies, we have a sense that Bangladeshi students studying at honors or master's level may face barriers in assessing mental health care services (Faruk et al., 2023; Sifat et al., 2023). Consequently, the primary objectives of the present study is to explore the Bangladeshi college students' perceptions of mental health. It also aims to explore the barriers students encounter in assessing mental health care.

Methodology

Sampling

For this particular study, information was gathered through six focus group discussions (FGDs), which included a total of 94 participants aged 19 to 25 years old. These participants were selected from three geographical locations in Bangladesh (Sylhet, Kishoreganj, and Khulna) using purposive sampling methods. The number of respondents from each student group in a single FGD varied from 15 to 16.

Study Design and Data Collection

In the present study, a qualitative research design was utilized. Data collection involved the use of focus group discussions (FGDs), during which a chosen group of students participated in an open ended discussion led by the data collector(s). This method was utilized to the elicit participants' attitudes, perceptions, knowledge, experiences, and practices, which were shared during interactions. In total, six FGDs were conducted with the students from Sylhet, Kishoreganj, and Khulna divisions of Bangladesh. The duration of each FGD varied from one hour and 15 minutes to one hour and 30 minutes. A participatory approach was followed in each FGD. Before the commencement of data collection process, each participant received an explanation detailing the purpose of the study. The data collector(s) reassured the participants about the security of their information by detailing the confidentiality measures in place and encouraged them to express their thoughts freely. Following a comprehensive description of the study procedures, verbal consent was obtained from each participant. After the

introductory session, the primary discussion commenced with their permission to record. Each session was documented for future reference and documentation. They were provided with a socio-demographic questionnaire to gather information about their demographic, social, and personal backgrounds. Then, the participants were actively engaged in open discussions focused on pre-established open-ended questions concerning their perceptions on mental health, coping strategies, and barriers to seek mental health services. Further clarification of their responses was achieved through follow-up probing questions.

Data Analysis

Upon finishing the data collection, native Bengali speakers conducted verbatim transcription. The transcripts were carefully read and examined. A priori codebook that was created based on pertinent literature was used in addition to inductive coding during an open coding procedure. Subsequently, the completed codebook was used to code the entire dataset, and thematic analysis was carried out using techniques for identifying themes, involving manual coding for text mining and summarization.

Results

Characteristics of the Participants

The study comprised 94 participants, with a mean age of 22.5 years. More than one third of the participants were male (78.73%), and the majority studying at honors level (65%), with 53.2% reporting a monthly income between 25,000 and 50,000 BDT.

Table 1: Demographic Features of the Participants (N=94)

Variables	Number	%
Sex		
Male	74	78.73
Female	20	21.28
Educational Status		
Honor's	61	65
Master's	33	35
Monthly Family Income		
<25,000	25	26.6
25,000-50,000	50	53.2
50,000-100,000	12	12.8
>100,000	7	7.4

After reviewing the results of focus group discussions (FGDs), we found a several themes which depicts the perceptions of mental health developed among Bangladeshi rural college students as well as the kind of obstacles they face when trying to access mental health services. The themes are shown below:

Theme 1: Explaining Mental Health From Physical and Social Aspects

The first theme depicts perceptions of mental health developed among Bangladeshi rural college students based on the results of focus group discussions (FGD). This theme is divided

into two sub-themes, according to which physical and social viewpoints influenced people's opinions of mental health the most.

Defining Sound Mental Health As Having Physical Wellness

In our study, the majority of participants interpreted mental health from a physical standpoint, stating that positive mental health or well-being is defined as a life free of physical sickness among students.

One male student (age: 20) mentioned, “We rarely discuss well-being or mental health; rather, we focus on physical health. A person's mental health or well-being is deemed to be sound when they are physically strong and free of illness.”

Another female student (age: 23) mentioned, “Our mind is linked to our body; if both are in good working order, we will be healthy. Mental health is a condition in which people appear to have a well-fitted physical structure.”

Another male student (age: 19) stated, “A healthy lifestyle can lead to overall well-being. Physical activity is essential for maintaining good mental health.”

Defining Sound Mental Health As Having Social Connectivity

Some participants believe that good mental health is a result of both physical and social connectedness. Though physical health is prioritized, social components are overlooked. According to the participants, having a strong sense of societal connection improves one's ability to retain well-being.

One of the quotes from a male student (age: 22) is as follows: “Everyone believes that being physically fit is sufficient to ensure well-being. However, I believe that if we have assistance from our nearest people, our mental health will remain stable.”

Another male student (age: 25) stated, “If we have the opportunity to do something for ourselves and society, we are satisfied.” It provides some level of inner tranquility. It promotes our well-being.

Another female student (age: 20) said, “I feel happier and more at ease when I can keep up positive relationships with the individuals who live around me. I feel upset if my relationships with them don't work out.”

Theme 2: Shortage of Mental Health Professionals

The study revealed that students find it difficult to seek any forms of mental health support as there is a shortage of mental health professionals in rural areas of Bangladesh. There are no expert psychiatrists or counselling services available in these regions; such services are limited to divisional hospitals. Additionally, colleges do not provide student counseling services.

A female student (age: 20) expressed:

> When I got failed in my third-year final exam, I was hopeless about my future. Meanwhile, I also experienced break up in my relation which affected me in a most profound way. I was looking for a psychologist or psychiatrist from whom I could get support but I didn't find any in my district. At last, I took some medicines after consulting with a general physicians due to the absence of psychiatrists.

Another male student (age: 22) said, "I am unaware of specialists who provide support for mental health issues in my area, and we use to go to neurologists in handling such issues."

One male student (age: 24) mentioned, "Our college lacks the supportive teacher who can listen to us in our tough times. Sometimes, we need support during our stressful exam period but we couldn't get any as there is no mental health counselor in our college."

Theme 3: Socioeconomic and Financial Disparities

Most of our study participants (53.2%) belong to lower middle-class family with a monthly family income between 25,000 and 50,000 BDT. These socioeconomic disparities also emerged as another significant barrier identified in the study, hindering college students from accessing mental health services. Students from lower socioeconomic backgrounds with financial disparities perceive mental health care as inaccessible for them.

One female student (age: 24) expressed:

> I tried to seek consultation from a psychologist in my hard times, but the amount he charged is much higher than my capability. When, I struggle to afford money for my education and hostel expenses, it is impossible for me spend money for my mental health issues. Mental health treatment is a kind of luxury for us.

Another male student (age: 19) stated:

> I went to Dhaka (capital city) to take a session from a psychologist. The psychologist told me to take a few more sessions. But, I couldn't able to go Dhaka once again as the travelling expenses are high. I am still trying to manage some money for going back to Dhaka and take a few sessions. I think mental health care is only accessible to wealthy individuals, not for poor people like me.

Theme 4: Unsupportive Family Settings

The research also found that family members frequently have a negative attitude toward mental health and fail to provide support or work together with their children when they experience mental health challenges.

One male student (age: 25) shared that:

> When I was experiencing exam related stress in my first-year final exam, I shared about it in my family. But my family members didn't support me at all. They thought that I was feigning illness or trying to avoid studying. I requested them to take me to a psychologist, but they didn't. They dismissed my need for mental health care.

Another female student (age: 20) shared:

> When I lost my mother, I felt lonely. I got poor grades as it also affected my study. All of these factors eventually led me to do self-harm attempts. Instead of providing mental health support, my father thought of arranging marriage for me, assuming that it would lead to recovery.

Another male student (age: 23) described:

> My parents are busy with their work at field with agricultural activities. They cut off my social interactions with my friends, and only allow me to go out on family occasions. They don't have time for me. It makes me feel low all the time.

Conclusions

Our findings revealed that participants' perceptions of mental health were predominantly shaped by their physical and social perspectives. Many viewed physical health as the primary indicator of well-being and did not acknowledge the importance of mental health in overall wellness. Additionally, participants often refrained from seeking professional help for mental health issues due to various social and familial barriers. Key obstacles to accessing mental health care included a shortage of mental health professionals, socioeconomic disparities, financial constraints, and unsupportive family environments. To facilitate a clearer understanding, we have separately discussed each sub themes organized under the following subheadings:

Explaining Mental Health From Physical and Social Aspects

In our study, most participants defined sound mental health solely in terms of physical wellness. They viewed mental health exclusively through the lens of physical fitness, asserting that if a person is physically healthy, their overall well-being is assured. They believed that sound physical health automatically leads to sound mental health. The outputs from (James et al., 2023) provide evidence for our findings demonstrating that there exists an intricate connection between physiological and psychological well-being that encompasses the interplay of various hormones. Dopamine, known as the "happiness hormone," along with estrogen plays a significant role in various cognitive functions, such as motivation to do something. Research has also demonstrated the interplay between physical and mental health; poor mental health can lead to physical illness, and individuals with physical conditions may also develop mental health issues (Doherty & Gaughran, 2014).

The study also found that mental health is closely associated with social connectivity. Many participants reported feeling mentally well when they had strong social connections with those around them. Building social bonds with others made them happier and enhanced their mental health. The research results we obtained are also backed up by a different study conducted by (Saeri et al., 2018) which revealed that social connectedness is a more robust and enduring indicator of mental well-being. Another pertinent longitudinal research has shown that social connectivity shields persons in the general population against the signs and symptoms of negative mental health consequences (Wickramaratne et al., 2022). Additionally, another study found that interventions focused on enhancing social relationships have the potential to improve mental health (Andersen et al., 2021).

Shortage of Mental Health Professionals

The shortage of mental health professionals is found to be a significant suppressive factor for students' access to mental health support. This is backed up by the findings of Nuri and colleagues (2018) which also stated that assessing psychiatrists and other mental health providers is particularly challenging for rural populations. Mental health services are often limited to divisional tertiary centers, where psychiatrists work in public medical college hospitals located in urban areas. With only 260 psychiatrists serving a population of 162 million, a large portion of the population struggles to access necessary mental health services. Only 0.44% of all health spending is currently allocated to mental health in Bangladesh. In addition, less than 0.11% of people have free access to mental health services (Hasan et al., 2021). The majority of these services are based on urban areas, particularly in the capital city of Dhaka. Similar findings have been reported in the U.S., where barriers to mental health care persist. Access to treatment remains out of reach for many despite more than one-fifth of U.S. adults (21%, or 52.9 million) experiencing a mental illness (Modi et al., 2023).

Socioeconomic and Financial Disparities

Students from lower socioeconomic backgrounds often perceive mental health care as inaccessible. Most participants in this study came from middle-class families, making it difficult for them to manage their livelihoods while facing the high costs of mental health treatment, which they cannot afford. Additionally, many students lack access to mental health services in their areas, necessitating travel to the city, which incurs significant expenses and makes ongoing treatment implausible. A study conducted with the Bangladeshi students during the COVID-19 pandemic also indicated the same by stating that financial hardship often restricts people to seek mental health support (Sujan et al., 2022). Similar findings have been also reported in developed countries like USA, where financial barriers have also been linked to increased negative mental health symptoms (Pabayo et al., 2022).

Unsupportive Family Settings

A lack of support and negative attitudes towards mental health issues among family members are found as the obstacles in accessing mental health services for our study participants. Participants noted that their families often do not listen attentively to their mental health concerns, and when they do, they tend to dismiss them, believing their children are merely feigning their struggles. For female participants, disclosing mental health issues often leads families to attempt to conceal the problem and arrange marriages as quickly as possible, driven by a belief that such issues could harm their social standing. These findings align with qualitative studies conducted in Saudi Arabia, where major barriers to accessing mental health services included unsupportive families (Noorwali et al., 2022). The probable reason behind this sort of unsupportive attitude is their insufficient understanding of mental disorders and rooted misconceptions in the society (Dehbozorgi et al., 2022).

Implications

Based on the findings of this study, several preventive measures should be implemented to raise awareness and reduce barriers for students. To address these challenges, mental health awareness campaigns, psychosocial support training, and psychological counseling should be offered to students. These measures could help them build resilience and develop a more effective support system.

Limitations

There were several limitations to this study. First, the sample was selected through purposive sampling, which means that the participants may not be representative of the entire study population. Second, the FGDs were conducted mostly with the male college students of Bangladesh, probably because of the conservative mindset of female students to talk on open forum. Third, participants might have withheld their genuine feelings and provided responses they believed would be socially acceptable, a possibility of social desirability bias. Fourth, some participants' responses may have been influenced by dominant personalities within the focus group discussions.

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