Universities and student mental health at the intersection of communication, representations, and stigma. An international comparative study[1]

Unibertsitateak eta ikasleen osasun mentala komunikazioaren, irudikapenen eta estigmaren elkargunean. Nazioarteko azterketa konparatibo bat

Las universidades y la salud mental estudiantil en la intersección de la comunicación, representaciones y estigma. Un estudio comparativo internacional

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ABSTRACT: This article analyzes communication regarding mental health in four public universities from four different countries, comparing the stigma towards mental health problems and its impact on the willingness to use university health services. Findings show that while stigma of mental health services is generally low, there are differences by country. Attitudes toward mental health services and reasons for rejecting services vary by country. Previous use of mental health services predicts less stigma and more willingness to use services. Results suggests that understanding stigma can help guide internal communication around mental health in universities to improve well-being and use of services.

KEYWORDS: University; stigma; internal communication; students; perceptions of mental health.

RESUMEN: Este artículo examina detalladamente la comunicación sobre salud mental en universidades públicas de cuatro países distintos, enfocándose en el estigma asociado y cómo este afecta la utilización de servicios de salud universitarios. Revela que, pese a un bajo estigma general, existen variaciones significativas entre países en las actitudes y el rechazo a estos servicios. Destaca que la experiencia previa con servicios de salud mental reduce el estigma e incrementa la disposición a usarlos. Concluye que entender el estigma es clave para mejorar la comunicación sobre salud mental en las universidades, promoviendo así el bienestar y la utilización de servicios.

PALABRAS CLAVE: Universidad; estigma; comunicación interna; estudiantes; percepciones de salud mental.

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Introduction

This study explores the interaction between universities and student mental health, highlighting how the stigma associated with mental health issues and the university's internal communication influence students' willingness to use available mental health services. It is based on the premise that, while stigma can be a significant barrier to seeking help, effective internal communication has the potential to improve perceptions and promote student well-being and social integration. This study is set in a broad context that encompasses student stress, the use of mental health services, and the impact of global disruptive events, such as the COVID-19 pandemic, on the mental health of university students.[2]

Through a comparative study in four countries, the study seeks to understand how these factors vary across different cultural and educational contexts, identifying potential barriers and facilitators for accessing mental health resources, including stigma, self-assessment of mental health and previous experiences with these services. The goal is to elucidate how to improve access to and effective use of mental health services at universities, promoting a more welcoming and supportive environment for students.

The study uses mixed methods including quantitative analysis of closed ended question and thematic analysis of open-ended questions. The structure of the article focuses on presenting the findings and a comparative analysis that highlights the importance of internal communication in representations of mental health issues and services. This approach highlights internal communication a crucial relational tool within educational institutions to mitigate the stigma associated with mental health, promote use of available services, and foster student well-being.

This research is part of a larger exploratory project on human and social sciences titled «Mental health on college campuses,» funded by Maison des Sciences de l'Homme et de la Société de Toulouse (MSHS-T) through the program «Exploratory Projects 2020. The Project was submitted in 2019 and approved for funding in January 2020, a few weeks before the World Health Organization declaring Covid-19 a global pandemic. The public health crisis made it difficult to execute the study as it was originally proposed, and the methods and specific objectives were slightly modified.

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[2] This article presents findings that complement previous publication: Tilli, N., & Villar, M. E. (2023). Visibility and perceptions of mental health among university students, access to services and university internal communication during the Covid-19 pandemic: Comparing experiences in four universities (France, Spain, Argentina, United States). *ZER: Revista de Estudios de Comunicación = Komunikazio Ikasketen Aldizkaria,* 28(54), 73–100. https://doi.org/10.1387/zer.24087

1. **Literature review**

The mental health of university students has been the subject of various studies (Banerjee & Chatterjee, 2016; Blasco *et al.,* 2016; Schönfeld *et al.,* 2016) and the literature is abundant indicating that they are a particularly vulnerable population (Saleh *et al.,* 2017; Gissubel *et al.,* 2018; Abu-Ghazaleh *et al.,* 2016). Problems such as anxiety, depression, sleep disorders (Feld & Schusterman, 2015; Milojevich & Lukowski, 2016), suicidal thoughts and acts (Moreira & Telzer, 2015; Choueiry *et al.,* 2016) are identified, affecting quality of life, and impacting student learning (Cruz *et al.,* 2013; Pedrelli *et al.,* 2015).

The Covid-19 health pandemic had an impact on the functioning of universities, disrupting learning and teaching (Trujillo, 2020; ECLAC, 2020) and exacerbating the vulnerability of students regarding their mental health (Frajerman, 2021; Gandré, Coldefy and Rochereau, 2022; Arsandaux *et al.,* 2020; Sáiz-Manzanares *et al.,* 2022, Mateus *et al.,* 2022, Mercado & Otero, 2022).

Mental health problems have been and continue to be stigmatized (Delanys *et al.,* 2022). This stigma involves different aspects: a feeling of shame in the person, the tendency to hide, to escape from the gaze of others. The notion of stigma makes the subject stop feeling like an ordinary person and alienates the individual from all the norms of the groups to which they are supposed to belong (Goffman, 1975). People who suffer from mental health problems face a kind of social label generated by the existence of negative social representations of mental illness influenced, many times, by the media (Tilli, 2015).

Jodelet (1989) characterizes social representations as an «interpretation system that governs our relationship with the world and with others, guiding and organizing behavior and social communications» (p. 36). Abric (1994) affirms that these social representations affect the processes of identity construction and behavior, operating as «a system of anticipations and expectations» (p. 17). Consequently, it can be established that the *negative representations* (vehicles of stigma) would self-censor the individual behaviors of the students, such as requests for help or information; and the *positive ones* would favor these behaviors. Negative representations toward mental health problems can be explained by the social stigma associated with them (Clement *et al.,* 2015), by the stigmatization of the person who suffers from them, and the low self-esteem that can be induced from labeling (Egsdal *et al.,* 2016).

Regarding access to university health services, as Springer (2015) points out, the experience is characterized by taboos, suffering, misinformation, stigma, discrimination, fear, and isolation. According to a study carried out by Montagni (2019), the majority of students surveyed were not aware of university health services. Only

those seeking information on more acute mental health problems and those with previous knowledge consulted and understood university services more easily.

Today, universities face the challenge of understanding these problems (Corrigan *et al.,* 2016), in order to ensure their own internal policies facilitate access to health services (Cour des Comptes, 2022), and establish effective internal communication. Universities should focus on the multifactorial problem of psychological issues among their students (Grant *et al.,* 2013), which can vary across stages of student life, areas of study, geographical location, and sociocultural factors. The use of internal communication can favor the deconstruction/reconstruction of negative representations related to mental health and access to university health services.

The notion of participatory communication (Freire, 1972) facilitates repositioning the student within the university through their participation in internal communication through which reality is «co-constructed» and «(co)de-constructed» (Miège, 2004, p. 103) influencing individual and collective subjective representations. In this way, participation facilitates the development of a feeling of belonging and identification «legitimizing internal deliberative territories and stimulating the creation of symbolic processes that constitute explanatory factors of the world for students and communicate meaning» (Miège, 2005, p. 105). The importance of shared meanings is the fact that they reflect identities, needs, and experiences of the students within the specific territories of the university where information and communication processes take place (Bonnet, 2015). This way the content of co-created messages is not simply operative, it is also expressive.

Universities, like all organizations, had to adapt their internal communications in the context of the COVID-19 health crisis (Ndlela, & Madsbu, 2022). This includes a rapid shift to digital communication for all content with employees and students working remotely, as well as a rise in communication focused on health, well-being, and security with an emphasis on providing emotional and social support during a difficult time (Cuenca-Fontbona *et al.,* 2022). This shift opens opportunities to communicate about broader health and well-being issues, including mental health, as an integral part of internal organizational communication. The pandemic only accelerated an already existing shift to internal communication happening digitally (Burkina, 2021), which makes internal communication more accessible to all employees and more effective to include all employees in their priorities.

Universities differ from other organizations in audiences and stakeholders, and this requires applying tailored public relations strategies to internal communication that address the unique needs of students, faculty, and university staff (Setyanto, 2021).

University communicators set the tone for communicating internally to achieve, promote, and protect mental health. Internal campus communication can

avoid contributing to stigma though language choice, embracing neurodiversity, and not enacting stigmatization (Smith & Applegate, 2018). Internal communication can include campaigns, focused on themes such as awareness, stigma reduction and peer support (Pace *et al.*, 2018) or generally increasing mental health literacy, which is known to reduce stigma (Tay, *et al.*, 2018). Camack *et al.* (2018) reported that as communication about mental health in the university issues increased, students' personal stigmas on the issues decreased.

2. **Materials and methods**

2.1. RESEARCH DESIGN

An electronic survey was approved by the Research Ethics Committee of the University of Toulouse. Through this digital survey, students from four different universities answered questions about their perceptions of mental health, their willingness to use university health services, and the visibility of the subject and health services within the university.

2.2. RESEARCH QUESTIONS

This study proposed to answer the following research questions:

— **RQ 1:** What are the levels of self-stigma and other stigma in the four study contexts and how does this relate to students' willingness to access university health services and the perceived visibility of mental health issues and services?

— **RQ 2:** How is self-assessment of mental health and prior use of mental health services related to levels of stigma and willingness to use services?

2.3. VARIABLES

The following variables were assessed in the survey. The descriptive statistics and reliability of each measure is presented below.

2.3.1. *Self-stigma*

This scale was adapted from the tool developed by Vogel *et al.* (2006) with a response range from 1 (strongly disagree) to 5 (strongly agree). Overall, this measure had a mean of 2.15 with a standard deviation of 0.77 and a Cronbach alpha reliability coefficient of 0.65.

2.3.2. *Stigma of the other*

A scale was constructed based on the Scale of the Stigma of Receiving Professional Psychological Help (SSRPH) by Komiya *et al.,* 2000. A modified scale of 4 items was used, with an average value of 1.9 with a standard deviation of .71 and a Cronbach alpha reliability coefficient of 0.63.

2.3.3. *Predisposition to use mental health services*

Based on the scale developed by Fischer and Farina (1995), a 5–item scale was created. This scale generated a mean of 4.01 with a standard deviation of 0.85. and a reliability coefficient alpha of .744.

2.3.4. *Self-perception of mental health*

Participants rated their own current mental health on a scale from 1 to 10 («How would you describe your current mental health?» (1 = very bad… 10 = very good). The average value was 5.7.

2.3.5. *Service use history*

This variable had three response options to the question: «Have you ever received mental health services or counseling for any reason?». The options provided and the percentage of responses to each option were «Yes» (55.2%). «No: (42.2%) and «I prefer not to answer» (2.6%).

2.3.6. *Perception of the visibility of the mental health issue*

The participants answered this question «How visible is the ISSUE of mental health at your university?» on a scale from 1 (no visibility) to 5 (extreme visibility). This measure had a mean of 2.52 and a standard deviation of 0.86.

2.3.7. *Perception of the visibility of mental health services*

Participants answered this question «How visible are mental health SERVICES at your university?» on a scale from 1 (no visibility) to 5 (extreme visibility). This measure had a mean of 3.35 and a standard deviation of 1.07.

2.4. Recruitment and consent

The duration of the study was eight months (March 2021 to October 2021). The sampling method was of convenience and network referral, sent electronically by communication professors to their own students and requesting the link to be shared in their academic units. Participation in the survey was voluntary and anonymous. Before accessing the survey, each participant read a consent form specifying the objective of the study, the methodology, and the option not to respond.

2.5. Sample

The sample consisted of student volunteers in communication faculties at the four participating universities, which included the Universidad del Rosario in Argentina (n = 529); the University of Valladolid in Spain (n = 295); the University of Toulouse in France (n = 404); and Florida International University in the United States (n = 177). Participants were primarily communication students at all levels from bachelor's to master's and reported being between 18 and 66 years old. These four regions and universities were included because they represent the members of the Organizing Committee for *Mental Health on College Campuses International Colloquia* (2019–2021).[3]

2.6. *Instruments and data collection*

The survey was prepared on the electronic survey platform Qualtrics. The survey instrument was translated and validated with members of the target audience (university students in the 4 countries).

2.7. Data management and analysis

Qualtrics data were downloaded to SPSS version 27 for statistical analysis of quantitative data. The responses to the open questions (qualitative data) were subjected to a structured classification into categories according to certain thematic criteria (Santos, 1990). These thematic categories encompass the most important ideas given in the free responses. Thus, the analyzes were based on the methodology established by Taylor and Bogdan (1992).

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[3] https://mshs.univ-toulouse.fr/projet-smcu-sante-mentale-sur-les-campus-universitaires-idetcom/

3. **Results**

3.1. RESEARCH QUESTION 1

The first research question examined the levels of self–stigma and other stigma in the four study contexts and how they relate to student's willingness to access university health services and visibility of mental health issues and services.

Stigma

In all four samples, the stigma levels are below the midpoint of 3 on a scale of 5. Students from Argentina reported less stigma than the rest, and those from France the highest level. In France and the United States, self–stigma exceeds the stigma of others, while in Spain the stigma of others who seek psychological help is equal to the self–stigma of using services (see figure 1). In addition, the average levels of Self–stigma and Other–stigma are positively related (Pearson coefficient of .396, p < .01).
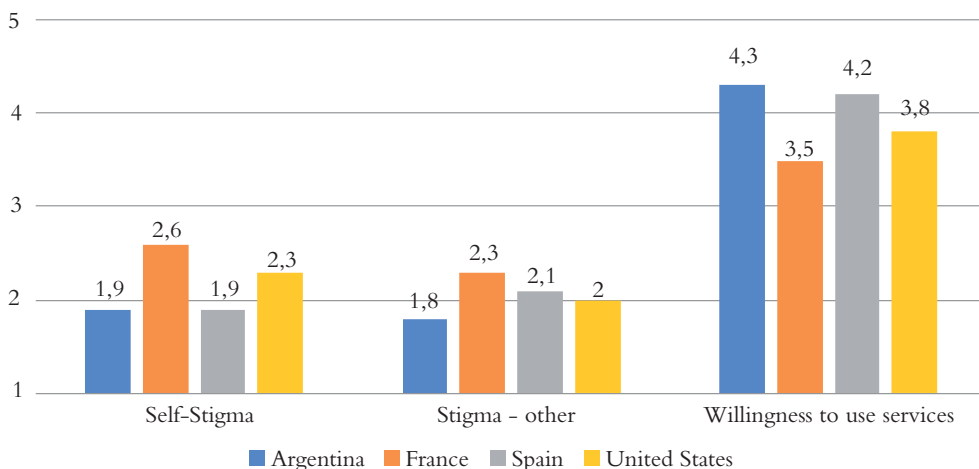

FIGURE 1

Self-stigma and Stigma of the other, Willingness to Use Services

Willingness to Use Services

Students in Argentina reported the highest willingness to use mental health services if needed and those in France reported the least willingness (see figure 1). In all countries the average value of this question exceeds the neutral point of 3, indicating a rather positive disposition, but the difference between countries is significant. This may be related to levels of stigma, addressed below.

Respondents who would not use mental health services were asked the reason why. Figure 2 presents the reasons for not using the services in the four samples. This graph only includes those who answered that they would NOT use mental health services. In Argentina and the United States, the most frequent reason is the lack of family support, while in France this option is the least important.
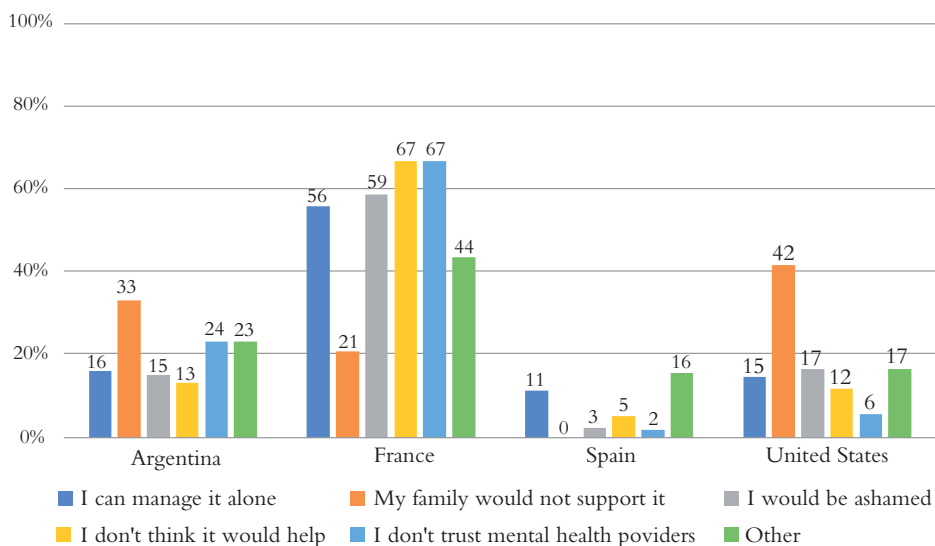
FIGURE 2

Reasons why students would not seek mental health services

Reasons for not Seeking Services

The last response option presented an open question to which the students stated the reasons why they do not use university mental health services. The results below are ordered according to the frequency of evocation.

— *In Argentina* the main reasons for rejecting services were: protection of privacy and judgment by others; lack of time and money; lack of awareness and denial of the problem.
— *In Spain,* the reasons reported were: lack of money and time, denial of the problem, and distrust of institutions.
— *In France,* the shared reasons were: the lack of money and fear of judgment by others, denial of the problem and distrust towards institutions.
— *In the United States* students reported these reasons: lack of awareness, denial of the problem, lack of money and time, and fear of the stigma.

Effect of Stigma on Willingness to use Services

Figure 1 above shows that students in countries with lower levels of stigma (Argentina and Spain) are more willing to use mental health services if they need them. Willingness to use mental health services is inversely related to other stigma (R = −.421, p < .001) and highly correlated – inversely – with self–stigma (R = −.640, p < .001).

Table 1 presents the Pearson coefficients of these correlations. All correlations are statistically significant.

TABLE 1

Pearson Correlation Coefficients between Stigma and Use of Services

Correlations	Self–stigma	Stigma of the other	Likelihood to use Services
Self–stigma	1		
Stigma of the other	.396★★	1	
Likelihood to use Services	−.640★★	−.356★★	1

Stigma and Perceived Visibility of Mental Health Issues and Services

Controlling for the country of participation, we find that one's own or the other's stigma has a weak (r = .107), but significant (p < 0.001) positive relationship with the visibility of the subject of mental health in the university but not with the visibility of mental health services at the university (see table 2)

TABLE 2

Partial correlation of stigma and visibility, controlling for country

		TOPIC Visibility	SERVICES visibility
Self–stigma	Partial correlation coefficient	0.107★★	−0.051
	Sig.	0.000	0.084
Stigma of the other	Partial correlation coefficient	0.107★★	−0.029
	Sig.	0.000	0.33

3.2. RESEARCH QUESTION 2

The second research question addressed how students' own experiences with mental services and their own perceived mental health are related to stigma attitudes.

Self-assessment of Mental Health

First, we look at how students assess their own mental health. In the four countries, the average values of the self-assessment of mental health were between 2.7 and 3.1 (out of a possible maximum of 5). That is to say that while the averages are above the midpoint, it was not very high either, and it does not exceed a value of 65% (or 6.5 out of 10). However, this self-assessment has no statistical relationship with willingness to use health services (Pearson coefficient is not statistically significant). Figure 3 shows the average values by country. It is worth noting that France has the lowest level of self-perception of mental health and at the same time the lowest willingness to use services.
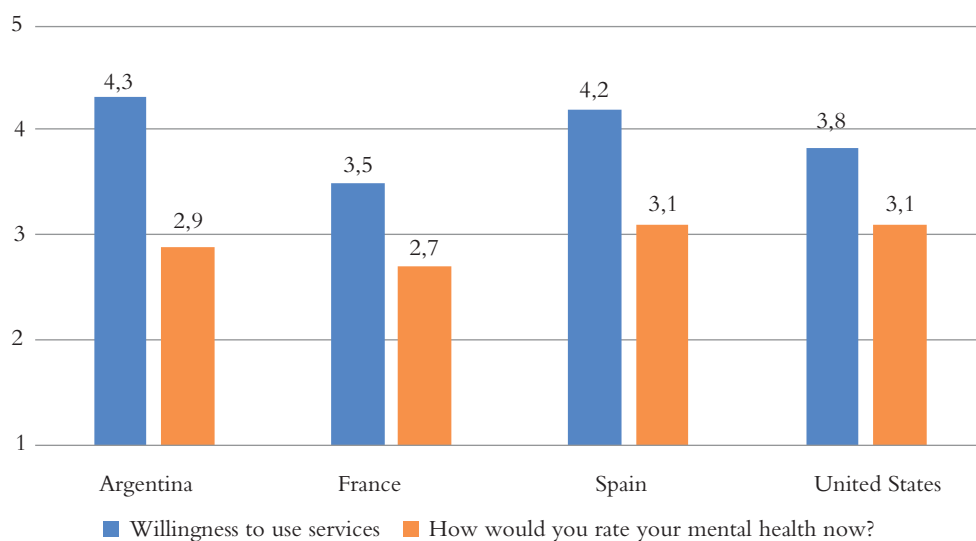
FIGURE 3

Assessment of own mental health and willingness to use services (1–5 scale)

History of Service Use and Perceived Stigma

Figure 4 shows the means of self–stigma and willingness to use services according to the history of use of mental health services of the participants. These differences are statistically significant (ANOVA). Students who have used services in the past have a lower level of self–stigma (F = 48.9, sig < .001) and a greater willingness to use services in the future (F = 82.5, sig < .001) if they need it.
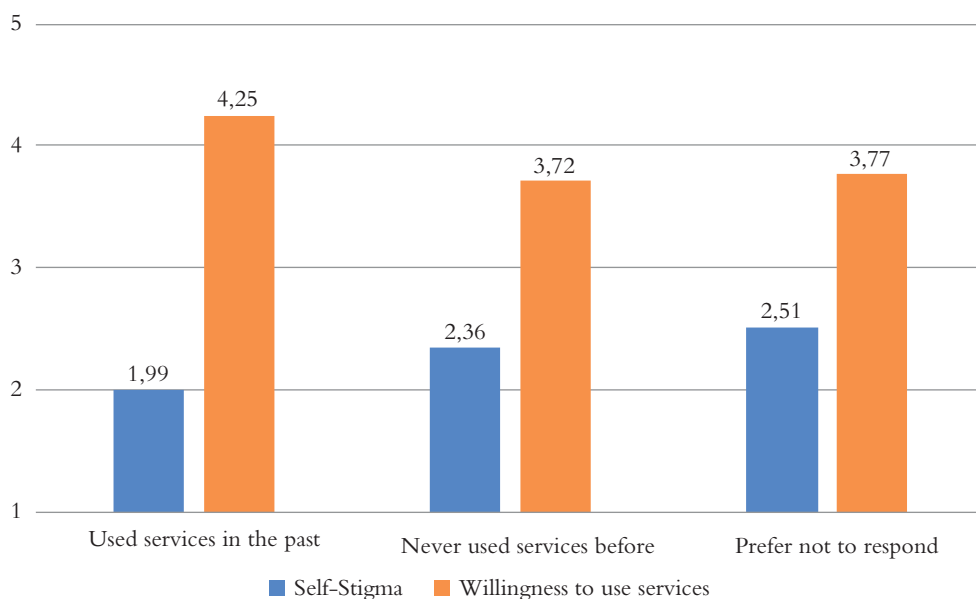

FIGURE 4

History of Mental Health Services, Self-esteem, and Availability of Use of Services

4. **Analysis and discussion**

Comparing universities in four countries gives us an idea of how students think relative to their international peers, although the sample includes only one region from each country with student profiles that may not represent other areas of the country. Cultural and regional factors, such as mental health service structures, may explain some of the differences across countries, although that is beyond the scope of the data collected in this study.

The results of this research confirm the existence of negative representations that can act as a stigmatizing and self–stigmatizing agents (Goffman, 1975) that can generate discriminatory situations (Roelandt *et al.,* 2012; Tilli, 2021).

Regarding the comparison between the four countries studied, there are more similarities than differences. In all countries, one's own mental health is evaluated as relatively poor, and past use of services helps to lower stigma and increases the probability of using services in the future. Self-stigma and other-stigma levels are low, and willingness to use services is inversely related to these stigmas. Differences were found between students from different countries for all variables.

An inverse relationship was found between the evaluation of one's own mental health and the stigma of others. The perception of one's own mental health was not related to self-stigma or willingness to use services. This is important information because it shows that stigma needs to be addressed among all students and their families, and not just among those who feel they suffer from these problems.

Barriers to the use of services are primarily economic and social, including lack of family support and fear of being judged. We can see that students have higher levels of self-stigma than of other-stigma, which indicates that they judge their own use of services more negatively than that of other people, despite expressing positive levels of acceptance of service use. History of using mental health services is negatively related to stigma and positively related to willingness to use services. This implies that having personal experience with mental health services makes the experience more socially acceptable. Therefore, it is necessary not only to have services, but also that they are easily accessible.

An interesting finding is that the availability of services is not what makes them attractive and accessible to students. For example, students in Argentina reported the lowest level of stigma and the highest willingness to use services, while they are the least likely to have services at the university. In Argentina, universities do not have health services and in the case that they exist, students responded that they do not want to access these services because they do not have confidence in the university and its staff. They say they do not have time or money to seek services and they acknowledge that they do not have enough information about services.

The Spanish, American and French universities do have mental health services for their students. Spanish and French students stated that they do not access these services due to economic and time limitations, as well as due to mistrust of the institution and its staff. French students indicate the weight of the stigma they feel when acknowledging their mental health problems and recognize their social and family environment as a protection factor. Americans cite reasons such as cost, embarrassment, and not needing services.

There is an inverse correlation (although it is weak: −.118) between «the perception of the state of one's mental health» and «the visibility of the health serv-

ices proposed by the university.» In other words, the better the state of one's mental health is perceived, the less visible the health services offered by the university are for students. And vice versa, the worse the state of one's mental health is perceived, the more visible the health services offered by the university are for students. The perception of the students' own mental health could influence the perceived visibility of health services proposed by the university, which is also associated with self-stigma.

The students who state that they know how to access the health services proposed by the university present a lower index of stigma (their own and that of the other). The stigma does not impact the perception of visibility of university health services, but it does impact the perception of the subject of mental health in the university. These data imply that when perceiving the existence of the problem of stigma (their own or that of the other) the student feels linked to the subject of mental health (identification factor) and therefore the perception of the visibility of the information within the university is greater. Therefore, we could think about the opportunity to adapt internal communication considering differences in levels of stigma among university students to increase visibility of services.

These results invite us to rethink internal university communication policies taking into account the dynamics of University Social Responsibility (Moscoso Durán & Vargas Laverde, 2013; Breña & Molina, 2010). In this way, universities will have a different role and place in our societies and contribute to the United Nations Sustainable Development Goal 4, which seeks to guarantee quality education for all (Petitjean, Ory, & Côme, 2021).

To reduce the stigma perceived by students and encourage the use of university health services, it would be important to inform and communicate the potential benefits of accessing these health services, taking into account the cultural and institutional context. In this sense, using internal university communication to deconstruct the representations of its students related to mental illness and mental health can be an «alternative way of looking at organizational communication and can allow giving a prominent place to the Other because, as we know, the Other is not the only one» (Tilli, 2019, p. 201).

This alternative way (inclusive and based on co-construction of meaning between students and university communicators) of looking at internal university communication empowers students who suffer mental health issues because, as we know, «language, before meaning anything, has to mean [something] for someone» (Lacan, 1936, p. 82). In this way, the place occupied by the recipient of the message can be displaced, favoring the process of communication by increasing the feeling of belonging and identification and positively impacting student learning (Cruz *et al.,* 2013; Pedrelli *et al.,* 2015).

This reflection on the use of internal university communication can favor the construction within the university of an alternative discourse characterized by a new subjective identity of students with mental health service needs, different from that rooted in the majority social representations (Tilli, 2021). This discourse understood as a «means of being recognized» (Lacan, 1975, p. 53) is a key element in the fight against stigmatization in mental health, since what is sought «is the response of the other» (Lacan, 1966, p.181).

5. Conclusion and recommendations for practice

It is a crucial challenge for universities to understand the complex issues around mental health stigma and student representations, and adapt their internal policies effectively. Internal communication could be a valuable tool to change negative attitudes, promote students' well-being, encourage access to mental health services, and foster social integration and learning processes. The study innovates by exploring how internal communication can improve mental health in organizations, suggesting a link between effective communication and well-being, and highlighting its importance for social impact and welfare within the organization.

Based on the results of this preliminary comparative study, we propose the following recommendations for communication practitioners within universities to support students facing mental health issues. These ideas are crafted to address stigma, increase service visibility and accessibility, and foster a supportive community:

1. **Promote personal stories**: Share anonymized personal stories of students who have successfully navigated mental health challenges with the help of university services to reduce stigma and encourage others to seek help.
2. **Increase service visibility**: Implement a comprehensive communication strategy that makes mental health services highly visible and accessible to all students, regardless of their current mental health status.
3. **Highlight the benefits**: Communicate the potential benefits of accessing mental health services, emphasizing improvements in academic performance, personal well-being, and overall quality of life.
4. **Address economic and social barriers**: Offer clear information about the cost (if any) of services, available financial support, and the confidentiality of the services to overcome economic and social barriers to access.
5. **Utilize peer support**: Develop peer support programs where students can share experiences and advice, reducing feelings of isolation and self-stigma associated with seeking help.
6. **Cultural and institutional sensitivity**: Tailor communication strategies to reflect the cultural and institutional context of the university, ensuring that messages resonate with the diverse student body.

7. **Raise awareness about mental health**: Launch educational campaigns that inform students about common mental health issues, signs of distress, and the importance of early intervention.
8. **Encourage faculty and staff training**: Offer training for faculty and staff to recognize signs of student distress, address mental health issues sensitively, and guide students to appropriate services.
9. **Feedback and co-creation**: Involve students in creating and reviewing mental health communication materials, ensuring that messages are relatable and effective in reaching those in need.
10. **Promote a culture of acceptance**: Foster an environment where seeking help for mental health issues is viewed as a strength, not a weakness, through regular messaging from university leadership and the creation of a supportive campus community.

Specific contribution and author's order

The idea of the research belongs to Nicolás Tilli, and he wrote the Literature review. The method was designed and developed by Nicolás Tilli and María Elena Villar. Both authors analyzed the data and the following results. Nicolás Tilli was in charge of the discussion and conclusions. He wrote the initial draft and edited it. The distribution of the work justifies the author's order.

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