

Factors Influencing Use of Mental Health Helping Systems among College Students in Korea

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I. Introduction

1. Background

The period of late adolescence, 18 to 22 years of age, is characterized by transition to adulthood with various life pressures and anxieties over lack of certainty (Newman and Newman 1995). Majority of students attending college go through this period. Not only are they experiencing normative stress

but are exposed to interpersonal and familial conflicts, physical and sexual violence, and other major mental health problems as well. Their risk for mental disorders is high. Late adolescence is a vulnerable period of experiencing an onset of major mental disorders such as schizophrenia (Mueser and Gingrich 2006). This is shown by the prevalence of depression that is as high as 25% among young Korean adults (Choi

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2003). The rate of suicide is reported to be the highest among OECD countries (OECD 2008) and suicide is the number one cause of death among Koreans in their 20s (KNSO 2008).

One of the early studies showed that approximately 13% of college students experience mental health problems (Kim, Kim, Nam, Yang, Kim, Kim, et al. 1988). In a more recent study conducted, 17% of university student sample met the criteria for at least one mental health symptom such as depression, hostility, and somatization (Lee 2002). Types of problems that are most often presented by Korean students are career related issues with some adjustment and emotional difficulties (Kim 1991), which mirrors studies showing that Asians are less likely to describe their problems as emotional (Sue and Kirk 1975; Yamashiro and Matsuoka 1997). Many Korean college students today are taking a leave of absence before they graduate or some never return. Reasons such as financial difficulty and enrollment in foreign exchange programs are the ones frequently given; however, the authors have observed that many of the underlying reasons are mental health-related, which often makes it difficult for them to continue what is expected of them, including academic work, extracurricular activities and job preparation.

Changing characteristics of the student body is something that requires more

attention. As female students increase, cases involving violence and suicide are likely to increase (Meilman 1992; Levy 1989). Given the fact that awareness and report of incidence of violence and suicide is generally increasing in the Korean society (Ministry of Women and Family 2005; OECD 2007), violence cases to be addressed on campus are also likely to increase. Additionally, as the student body becomes more culturally diverse, Korean colleges may expect to see adjustment and acculturation-related issues occurring more frequently.

Early detection and intervention of mental health problems is essential to the increased likelihood of having a functional life now and later on. While students are relatively well aware of their problems, the rate of seeking professional help is low and their primary source of consultation is limited to parents, siblings, and peers (Lee 2002). Almost every university in Korea has a campus counseling center; however, centers play a relatively passive role in helping students. Counseling centers often provide lectures on various mental health issues to general, large group audience on campus, and some provide group trainings for peer counselors or specific group programs in such issues as anxiety and eating disorder; yet, they consult mostly those students who come in voluntarily for general personality or aptitude tests and career counseling (e.g.,

CAU Student Life Research Center 2003).

The low rate of service use is not limited to this young subgroup; a national survey showed only 7% of Korean adults who had met the criteria for DSM disorders sought professional mental health services (Ministry of Health and Welfare 2001). Koreans in general hold a strong stigma toward mental illness (Kim, Suh, Park, Lee, and Kim 1989), and they concern on the stigma attached to seeking mental health services, especially to psychiatric help than counseling or psychotherapy (Yoo 2005). Hwang, Kim and Song (1988) identified five typologies of attitude among Koreans in terms of their preferred choice of mental health treatment; namely, traditional herbal and folk therapy, combining all available therapeutic measures, others' experience and opinion, religious cure, and modern medicine. However, not much is known concerning how these factors are related to actual help-seeking behavior.

The purpose of the study is to examine factors influencing use of helping resources for mental health problems among college students in Korea and to suggest practice implications for facilitating their use of helping systems. This is meaningful in that the results could inform how and where we could intervene to facilitate students' behaviors of using mental health services, and will assist in developing intervention strategies at the individual and environmental

level. This will contribute to developing a more comprehensive and assertive model of college-based mental health services.

2. Conceptual Framework

For this purpose, the behavioral model of health service utilization (Aday and Andersen 1974; Andersen 1995; Andersen and Newman 1973) was incorporated to examine how various factors in the model affect the use of mental health resources. This study applied the earlier version of the model that explained the use of health services as a function of predisposing, enabling, and need factors using the individual as the unit of analysis. According to Andersen (1995), predisposing factors refer to status of person in the community, one's ability to cope with presenting problems and use resources to deal with these problems, and how healthy or unhealthy the physical environment is (e.g., age, sex, education, attitude); enabling factors are those that either facilitate or interfere with service use, access to or knowledge on available family and community resources (e.g., family income, health insurance); and need factors include immediate reasons for seeking help (e.g., symptoms, conditions or limitations) (Andersen 1995). This model has been utilized in explaining behaviors of seeking help from professional resources; however, in this study, it was applied to diverse resources that fit into a broader

definition of helping systems in order to make it more applicable to the Korean culture.

The following questions were formulated based on the behavioral model of health services utilization to investigate factors influencing use of mental health resources among college students in Korea: (1) to whom do Korean college students talk to when they feel they need help for mental health problems?, and (2) which of the predisposing, enabling, and need factors influence the use of various helping systems? Information and knowledge on factors encouraging students to ask for support can help change in their experience of handling problems, intervene various problems in their earlier stage, which will then help to improve their future adjustment. Examining these factors will also help lay ground for later expansion of the study results to Koreans in general.

II. Methodology

1. Sample

Approximately 1.7 million students were enrolled in over 100 four-year colleges and universities nationwide in Korea at the time of data collection. The sample used for the study consisted of 454 university students from four urban co-ed universities around the city of Seoul. Universities in Korea are classified into three groups by its size and

competitiveness (Korean Ministry of Education 2001). The four universities were selected based on the average university in Korea in its size, membership, academic level required and competitiveness. Two universities in the sample were from the second group, and one each was selected from the first and third group. Female students currently outnumber male students in many universities in Korea; however, females in this study sample (70% and 30%, respectively) were somewhat overrepresented compared to the general university population.

2. Instrument and Data Collection

Data for the study were collected using a survey questionnaire that included standardized measures as well as items developed by one of the authors. The questionnaire was distributed at the end of the class with an explanation of the study, and students who volunteered to participate were asked to fill out a self-administered survey questionnaire. The questionnaire included attitude toward and knowledge on mental health, mental health screening tool, use of mental health helping resources and perceived need for help. Operational definition of variables used in the analysis is described below.

3. Measurements

1) Types of Helping Systems

Four different types of helping system were chosen as our dependent variables: namely, formal helping system, informal helping system, peer group, and family members. Respondents were initially asked to check “yes” or “no” regarding who they ask for help when in need. A total of 12 helping systems were listed, and then these were grouped into four separate groups.

The formal helping system included mental health professionals (e.g., psychiatrists, social workers, counselors), non-mental medical professionals, and traditional medicine providers. The informal system included teachers/professors and religious leaders. The peer group included friends, classmates and boy/girl friend. Included in the family group are respondent’s parents and siblings, grandparents and uncles/aunts and cousins. Each of the four helping system groups were converted into a binary variable for analyses, with “1” indicating the participants turned to the group for help when in need, and “0” indicating no experience seeking help from the group. Each group was used separately to compose four different models in the analyses.

2) Predisposing, Enabling, and Need factors

The factors presumed to influence the use

of helping systems were categorized into predisposing, enabling, and need factors according to the original behavioral model of health service utilization (Andersen 1995). Predisposing factors included gender, age and father’ years of education as a proxy for socio-economic status.

Attitude and knowledge toward mental illness were included as enabling factors for this study. Being in a culture where asking for formal help is considered a face-losing experience, the authors hypothesized that one’s own attitude and knowledge toward mental health and illness could be enabling factors in his/her decision to use others’ help.

A 9-item questionnaire was used to measure attitude and knowledge toward mental illness. Five items were used to measure attitude, including “someone with a mental illness is inferior” and four items were used to measure knowledge, including “mental illness can be contagious.” Respondents were asked to answer whether they agree (0) or disagree (1) with each item, and their responses were summed up to be treated as two separate scales, resulting in an attitude score and a knowledge score, respectively. In the behavioral model, medical insurance is considered to be an important enabling factor. However, Korea operates on the universal health care insurance (KNI), so the authors presumed that the insurance factor would have little

variance across different groups.

The need factor included two areas; the objective and subjective need. Objective or evaluated need was measured by Brief Symptom Inventory (BSI), a 53-item self-report inventory (Derogatis 1993). This scale assesses mental health status of patient and non-patient populations in nine primary symptom dimensions: somatization, obsessive compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Respondents were asked to rate their level of distress during the week prior to the survey on a 5-point scale, ranging from "not at all" (0) to "extremely" (4). Their responses generated three global indices: Global Severity Index (GSI), Positive Symptom Total (PST), and Positive Symptom Distress Index (PSDI). The reliability for BSI was measured by Cronbach's alpha in this study. The alpha value was .96 for the entire BSI, with the alpha coefficients for nine subscales ranging from .73 to .84.

Subjective or perceived need was measured by two questions, each with binary choices: (1) whether s/he currently has any difficulty in maintaining daily lives due to situations described in BSI (yes=1, no=0); (2) whether s/he currently needs help from someone for such difficulty (yes=1, no=0). The answers were summed up to indicate one's subjective/perceived need, ranging from 0 to 2.

4. Data Analysis

Data management and analyses were done using the SPSS 15.0 statistical program. Descriptive statistics was executed to summarize sample characteristics, attitude, knowledge, need and use of helping systems. Four logistic regressions were conducted to examine factors influencing use of helping systems among the respondents, using each of the four helping system as a binary dependent variable. While three indices of mental health status (objective need) were presented in the descriptive results section, PSDI score converted into a binary variable (1= being equal or higher than cut-off point) was used in the logistic regression analyses.

III. Results

1. Sample Characteristics

Of the respondents, males consisted 30% (n=136) and females consisted 70% (n=318) of the sample (Table 1). Females currently outnumber males in many universities in Korea, however, females are somewhat over represented in this study sample. The mean age was 22.6 (SD=2.42), and most of them lived with their family (77.1%) which is consistent with a general living arrangement among Korean college students. More than half (67%) of the sample responded to participate in religious practice. The mean

Table 1. Sample Characteristics (N=454)

	No of Respondents (%)	
Gender		
Male	136	(30.0%)
Female	318	(70.0%)
Age	M=22.6	SD=2.42
Participation in religion		
No participation	150	(33.0%)
Occasionally	182	(40.1%)
Frequently	122	(26.9%)
Residential arrangement		
With family	350	(77.1%)
With sibling	23	(5.1%)
With peer group	50	(11.0%)
Alone	24	(5.3%)
Other	7	(1.6%)
Years of parental education	M=11.99	SD=3.82
Attitude towards MI	M=1.71	SD=1.16
Knowledge on MI	M=.21	SD=.45
Mental health status (BSI)		
GSI	M=1.02	SD=.59
PST	M=53.53	SD=30.70
PSDI	M=16.75	SD=15.29
Number of clinical cases	139	(30.6%)
Subjective need	M=.60	SD=.895

years of parental education were 11.99 years, which approximates to completing high school education.

The values of attitude and knowledge toward mental illness (MI) ranged from 0 to 5 and 0 to 4, respectively, with higher value indicating more negative attitude and more inaccurate knowledge on mental illness. The mean score was 1.71 (SD=1.16) for attitude and .21 (SD=.45) for knowledge, respectively, which are relatively low.

Mental health status of the respondents

were measured by three indices (GSI, PST, PSDI), with the higher score indicating more severe symptoms. The mean for GSI was 1.02 (range 0-4), 53.53 (range 0-212) for PST, and 16.76 (range 0-53) for PSDI. Any respondent, whose score on at least one of these indices is higher than its respective cut-off point, was considered to be a clinical case (Derogatis 1993), and nearly 1/3 (n=139) of the respondents fit this category. The mean score for subjective need was .60 (SD=.895) for this sample.

2. Use of Mental Health Helping Systems

Table 2 summarizes the respondents' utilization of helping systems. For formal system, 88% of the students answered "no" indicating they don't seek formal services for help. This is similar for the informal system, where 71% answered "no." These patterns are reversed when asking peer group and family members for help in time of need. Most students (92.3%) answered that they turn to peer groups for help. Over 50% answered they ask family members for help.

Table 2. Use of Helping Systems

	Yes	No
Formal system	11.7%	88.3%
Informal system	28.6%	71.4%
Peer groups	92.3%	7.7%
Family members	64.5%	35.5%

Table 3. Use of Formal Helping System: Logistic Regression Analysis

	B	Odds Ratio	Lower 95%	Upper 95%
Age	.155	1.168*	1.022	1.334
Gender	.620	1.860	.839	4.120
SES	.057	1.059	.972	1.153
Attitude towards MI	.075	.928	.704	1.223
Knowledge on MI	.519	.595	.252	1.408
Mental health status	1.023	2.781	.812	9.519
Subjective need	.109	1.115	.791	1.572
Model $\chi^2=12.362^\dagger$, $df=7$, $-2LL=275.285$, Nagelkerke $R^2=.059$				

$^\dagger p<.10$, * $p<.05$, ** $p<.01$, *** $p<.001$

3. Factors Influencing Use of Mental Health Helping Systems

Findings from logistic regression using four of the helping systems as dependent variables showed that, overall, several factors were found to be influential.

1) Formal Helping System

The model for utilization of mental health professionals was statistically significant (Model $\chi^2=12.362$, $df=7$, $p<.10$), and age and mental health status were found to be the

significant factors (Table 3). The results showed that the odds of seeking a formal help, such as counseling and psychiatric services, was increased by about 1.2 times as one's age goes up by one year ($p<.05$). Being a clinical case (e.g., $GSI>1.70$ for males) increased the odds of seeking a professional help by about 2.8 times ($p<.10$).

2) Informal Helping System

The second model examined using the informal helping system as a dependent

Table 4. Use of Informal Helping System: Logistic Regression Analysis

	B	Odds Ratio	Lower 95%	Upper 95%
Age	.074	1.077	.977	1.186
Gender	.503	1.654 †	.969	2.822
SES	.005	1.005	.948	1.066
Attitude towards MI	-.109	.897	.736	1.092
Knowledge on MI	-.089	.915	.558	1.499
Mental health status	-.863	.422**	.232	.767
Subjective need	.005	1.005	.782	1.293
Model $\chi^2=14.500^*$, $df=7$, $-2LL=467.636$, Nagelkerke $R^2=.050$				

$^\dagger p<.10$, * $p<.05$, ** $p<.01$, *** $p<.001$

Table 5. Use of Peer Groups: Logistic Regression Analysis

	B	Odds Ratio	Lower 95%	Upper 95%
Age	.032	1.033	.881	1.210
Gender	1.010	2.746**	1.251	6.029
SES	-.024	.976	.878	1.085
Attitude towards MI	-.431	.650**	.472	.896
Knowledge on MI	-.598	.550†	.278	1.087
Mental health status	-.464	.628	.171	2.308
Subjective need	-.112	.894	.590	1.355

Model $\chi^2=19.101^{**}$, $df=7$, $-2LL=200.431$, Nagelkerke $R^2=.110$

† $p<.10$, * $p<.05$, ** $p<.01$, *** $p<.001$

variable, such as professors, teachers, and religious leaders (Table 4). Gender and mental health status were found to be significant factors in seeking informal helping system (Model $\chi^2=14.500$, $df=7$, $p<.05$). Females were more likely to seek help from informal resources; their odds of consulting such resources was about 1.7 times higher than males ($p<.10$). On the other hand, being a clinical case was negatively related to the behavior of seeking informal resources. The odds ratio of .422 for the coefficient of mental health status indicated that being symptomatic decreased the odds of consulting such resources by more than one half ($p<.01$).

3) Peer Groups

The third model examined factors influencing turning to peer groups for help (Table 5). Among the seven variables, gender, attitude, and knowledge toward mental illness were found to be significant

factors in turning to peer group for help (Model $\chi^2=19.101$, $df=7$, $p<.01$). Female students were about 2.7 times more likely than males in terms of the odds of seeking peer groups' help. As the attitude score increases by one point, which means one's attitude toward mental illness becoming more negative, the odds of asking peer help with his/her problems decreases by 35% ($p<.01$). Likewise, as the knowledge score increases by one point, meaning one's knowledge becoming more inaccurate, the odds of consulting his/her peer group goes down to nearly one half ($p<.10$).

4) Family Members

The last model examined factors that influence the use of family helping system (Table 6). Gender was indicated to be a significant factor ($p<.10$), however, the entire model was not statistically significant (Model $\chi^2=4.444$, $df=7$, $p>.05$).

Table 6. Use of Family Members: Logistic Regression Analysis

	B	Odds Ratio	Lower 95%	Upper 95%
Age	.020	1.020	.933	1.115
Gender	.417	1.518†	.957	2.409
SES	.007	1.007	.954	1.063
Attitude towards MI	-.056	.945	.790	1.130
Knowledge on MI	.045	1.046	.668	1.640
Mental health status	.148	1.160	.637	2.110
Subjective need	-.120	.887	.705	1.116
Model $\chi^2=4.444$, $df=7$, $-2LL=524.981$, Nagelkerke $R^2=.015$				

† $p<.10$, * $p<.05$, ** $p<.01$, *** $p<.001$

IV. Discussion

The findings of the study indicate that in general, peer groups are resources that are favored by the majority of college students in Korea. Family members marked the second place, and informal and formal resources followed. The low rate of use of formal services is consistent with the studies that investigated college students with Asian cultural heritage (Ying and Miller 1992).

In this study, the use of formal helping system was found to be driven by two factors; age and mental health status were positively related to using the formal system. It is understandable that students with more severe symptoms are more likely to seek professional help. The result, that older students are more likely to seek professionals, may need a careful interpretation. Students may seek them due to the symptoms that are worsening over time, or they may become more aware of

symptoms and more capable of asking outside help as his/her seniority gets higher.

In terms of the use of informal resources, female students were more likely than their male counterparts to turn to professors, teachers, and religious leaders for help. The chance of consulting such resources decreased by one half if one's condition was something that required a clinical attention. College campus or religious institution can be the primary environment of living and source of social support in this age group, and this result may reflect the weak nature of his/her social support network to which the person in need is connected.

The use of peer groups was influenced by gender, attitude and knowledge on mental illness. Female students were much more likely than male students to turn to their peers when they felt emotional distress. Students with more negative attitude and more inaccurate knowledge were significantly less likely to talk to their peers

about their distress, controlling for other factors. In other words, those with more positive attitude and more accurate knowledge on mental illness are more apt to reach out to their peers for their problem.

In terms of the use of family resources, none of the hypothesized factors was found to be influential at $p=.05$ level. This result may reflect the fact that turning to one's own family members may involve much more than what had been considered in this model. It may also have resulted from the study method that included various members within the same category, such as parents, siblings, grandparents, cousins, and uncles/aunts. One may think of relationship, functioning, and/or support within the family as alternative explanations. Family support, for example, is often referred to as a positive source of emotional help; however, it does not always enable the family to direct its member in need to the appropriate providers, especially in the Asian culture (Shin 1999).

Overall, five variables were found to be significant in the logistic regression analyses conducted in this study: Age, gender, mental health status, attitude, and knowledge on mental illness. Females were much more likely to utilize peer groups than males, and this held true for informal resources although to a lesser degree. This can be positive in that support from such helping systems could serve as a preventive measure by alleviating

their stress and also could facilitate the process they recognize the symptoms and seek out services. Male students may be then relatively more vulnerable in this respect.

A previous study found that male students were much less likely to recognize correctly symptoms of depression than female students when they observed the symptoms in the same-sex peers (Lee and Kim 2008). Their perceived level of severity and urgency of the symptoms were also much lower (Lee and Kim 2008). Given the circumstances where their primary social network consists of same-sex peers, their lower likelihood of reaching out, combined with the lower ability to recognize emotional problems in their same-sex peers, may put them as a group into a risk for neglecting a clinical condition.

In addition, the directions of the effect of mental health status were found to be opposite between the use of formal systems and that of informal systems, which is worth mentioning. Whereas the chance of someone who had a clinical problem to seek professionals was three times more likely, that of someone with a problem to seek informal resources went down by one half. This suggest that the role, that such informal resources play on college campuses and religious institutions, cannot be assumed to be the same as what is observed within western societies. Under the current circumstances of Korea where informal

system do not function to facilitate help-seeking behavior of students in need of mental health care, early detection and intervention are inevitably delayed. By the time they reach counselors or psychiatrists, clinical symptoms are likely to have gotten worse to become the primary and only reason driving them to seek professionals, as observed in other studies (e.g., Lee 2007; Shin 1999).

Finally, this study also revealed that more positive attitude and more accurate knowledge on mental illness increase the chance of consulting peers for their problem. Type of problem and level of severity of the problem do matter in any efforts to address the need of a student having a mental health problem; however, the behavior of reaching out to peers for help enables to alleviate the stress, recognize one's own symptoms, and obtain information about mental health resources. Even in cases where symptoms are more severe and/or in cases already in treatment, positive peer relationship can assist one's functioning and adjustment to both developmental and academic tasks that the person is facing.

V. Conclusions

This study is a preliminary attempt to apply the behavioral model of service use to

help-seeking behavior of college students in Korea. The above findings yield some practice implications for student counseling centers as well as for educators in universities.

First, findings showed that students are very reluctant to seek formal and informal helping systems. It is assumed that those who walk into on-campus counseling centers represent a very small percentage of those in need. This asks for counseling centers to take on a more active role. Instead of waiting for students who rarely come for help, centers need to develop a more assertive outreach program targeting all students. The tendency of somatizing mental distress observed among Koreans (Kim 1997) could be incorporated as a factor in the design of educational interventions at individual and environmental level, thus to promote their help-seeking behaviors and help them engage into the pathway to mental health services (e.g., providing knowledge on somatic symptoms themselves, informing about various potential sources of distress, and discussing ways to cope with and ask help for such issues).

Second, peer groups were students' most favored choice of helping system. This indicates that developing peer leaders as educators and counselors can be promising during the time of initial contact until students decide to seek professional help, and

plans to build such leaders into the on-campus helping system should be considered. In addition, if students prefer to talk to their peers with similar difficulties rather than to professionals, self-help groups may be a useful plan for Korean students. The mental health literacy approach (Jorm et al. 1997; Jorm et al. 2005), which focuses on enhancing one's ability to recognize particular symptoms, obtain information, and utilize them in ways to promote one's mental health, could be introduced as a strategy to facilitate student involvement.

Third, positive attitude and more knowledge toward mental illness were found to be influential in deciding to talk to others for help. As with many Asian cultures, it is embedded in culture that asking for help for personal problems indicates weakness or shame (Berk and Hirata 1973; Leong 1994; Sue and Morishima 1982; Sue, Nakamura, Chung, and Yee-Bradbury 1994). While Koreans are having more access to information about mental health and illness, they are less likely to relate or suspect particular emotional/behavioral state to mental health problems and continue to resort to a wide range of resources other than western mental health professionals (Hwang et al. 1988). Education and campaign, targeting students to be more reflexive about their own psychological/interpersonal experience and more open to alternative

helping resources and help-seeking, may help change such pattern. The mental health literacy approach, which was mentioned above, can also facilitate this process.

The major limitation of the study involves comprehensiveness of variables needed for application of the behavioral model of service utilization. For instance, for each of the three groups of factor (dispositional, enabling, need), only limited number of variables were used in the study. In the future, more comprehensive variables should be examined in order to fully apply the model. In addition, more studies need to be done to improve the model to make it more applicable to Korean society, such as family and peer influence in help-seeking. The findings are limited in its generalizability to all college students in Korea. The sample was not representative in nature; therefore, findings should be interpreted with caution.

References

- Aday, L. A. and Andersen, R. M. 1974. A framework for the study of access to medical care. *Health Services Research* 9:208-220.
- Andersen, R. M. 1995. Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior* 36:1-10.

- Andersen, R. M. and Newman, J. F. 1973. Societal and individual determinants of medical care utilization in the United States. *Milbank Memorial fund Quarterly Journal* 51:95-124.
- Berk, B. B. and Hirata, L. C. 1973. Mental illness among the Chinese: Myth or reality? *Journal of Social Issues* 29:149-166.
- Choi, M. K. 2003. Symptoms, depression, coping behaviors of university students. *Journal of Korean Academic nursing* 33(3): 433-439.
- Chung-Ang University Student Life Research Center. 2004. Student Life Research Center activities: Academic year 2003 [In Korean]. *Student Life Research* 28:187-194.
- Derogatis L. R. 1993. Brief Symptom Inventory. Administration, Scoring, and Procedures Manual (4th ed.). National Computer Systems.
- Hwang, K. H., Kim, K. I. and Song, S. S. 1988. Lay people's attitude toward illness behavior [In Korean]. *Journal of Korean Neuropsychiatric Association* 27:80-93.
- Kim, K. I. 1997. Illness behavior and mental health in Korea [In Korean]. *Mental Health Research* 16:50-60.
- Kim, K. I., Kim, J. H., Nam, J. H., Yang, B. H., Kim, Y. Y., Kim, J. H. et al. 1988. A study of mental health status among college students [In Korean]. *Mental Health Research* 7:86-102.
- Kim, K. I., Suh, H. H., Park, Y. C., Lee, S. T. and Kim, E. Y. 1989. Public knowledge and attitude toward mental illness in Korea: Follow-up study [In Korean]. *Mental Health Research* 8:118-132.
- Kim, K. H. 1991. Counseling services and counselor training in Korea [In Korean]. *Journal of the College of Education* 43:1-21.
- KNSO (Korea National Statistical Office). 2008. Death and cause of death statistics, year 2007.
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Helen, C., Bryan, R. and Penelope, P. 1997. Mental health literacy: A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *The Medical Journal of Australia* 166:182-186.
- Jorm, A. F., Yoshibumi, N., Helen, C., Kumiko, Y., Griffiths, K. M. and Yuji, W. 2005. Public beliefs about treatment and outcome of mental disorders: A comparison of Australia and Japan. *BMC Medicine* 3:12.
- Lee, S. H. 2007. Factors affecting help-seeking behavior of Koreans with mental health problems [In Korean]. *Mental Health & Social Work*

- 27:122-151.
- Lee, S. H. 2002. Use of helping systems in undergraduate students: Implications for an assertive mental health services [In Korean]. *Mental Health & Social Work* 13:36-58.
- Lee, S. H. and Kim, S. A. 2008. Gender differences in mental health literacy among young adults in Korea. A paper presented at the 5th East Asian Social Policy Research Network International Conference held on November 3-4th 2008 at National Taiwan University (Taipei, Taiwan).
- Leong, F. T. L. 1994. Asian Americans' differential patterns of utilization of inpatient and outpatient public mental health services in Hawaii. *Journal of community Psychology* 22:82-96.
- Levy, J. C. and Deykin, E. Y. 1989. Suicidality, depression, and substance abuse in adolescence. *American Journal of Psychiatry* 146:1462-1467.
- Meilman, P. W. 1992. Medical withdrawal from college for mental health reasons and their relation to academic performance. *Journal of American College Health* 40:217-23.
- Mueser, K. T. and Gingerich, S. 2006. *The Complete Family Guide to Schizophrenia: Helping Your Loved One Get the Most Out of Life*. New York: The Guildford Press.
- Ministry of Education. 2001. Summary statistics of colleges and universities by year [In Korean]. Retrieved November 15, 2007 from Ministry of Education Web site <http://cesi.kedi.re.kr/search/search38.jsp>.
- Ministry of Health and Welfare. 2001. Results from the 2002 National Mental Health Epidemiological Survey [In Korean]. Korea: Ministry of Health and Welfare.
- Ministry of Women and Family. 2005. National Family Violence Survey 2004 [In Korean]. Korea: Ministry of Women and Family.
- Newman, B. M. and Newman, P. R. 1995. *Development Through Life: A Psychosocial Approach*. Pacific Grove, CA: Brooks/Cole.
- OECD (2008. OECD health data 2008). Paris: France.
- OECD (2007. OECD health data 2007). Paris: France.
- Shin, J. K. 1999. Help-Seeking Behaviors by Korean Immigrants for Their Depression. Ph.D. Dissertation, Columbia University, New York, USA.
- SPSS 15.0 (2006). IL: Chicago.
- Sue, D. W. and Kirk, B. A. 1975. Asian-Americans: use of counseling and psychiatric services on a college campus. *Journal of Counseling Psychology* 22:84-86.

- Sue, S. and Morishima, J. K. 1982. *The Mental Health of Asian-American*. San Francisco: Jossey-Bass.
- Sue, S., Nakamura, C. Y., Chung, R. C. Y. and Yee-Bradbury, C. 1994. Mental health research on Asian Americans. *Journal of community Psychology* 22:61-67.
- Yashimaro, G. and Matsuoka, J. K. 1997. Help-seeking among Asian and Pacific Americans: A multiperspective analysis. *Social Work* 42:176-186.
- Ying, Y. and Miller, L. S. 1992. Help-seeking behavior and attitude of Chinese Americans regarding psychological problems. *American Journal of Community Psychology* 20:549-556.
- Yoo, S. K. 2005. Korean college students' attitudes toward counseling, psychotherapy, and psychiatric help [In Korean]. *The Korean Journal of Counseling and Psychotherapy* 17:617-632.

ABSTRACT

Objective: This study examined the use of mental health helping systems among college students in Korea. A behavioral model of health service utilization was applied to examine factors influencing different types of helping systems.

Methods: A total of 454 college students from four universities participated in the survey. A self-administered questionnaire measuring help-seeking behaviors including formal health and mental health services, informal helping system, peer group, and family support was used.

Results: Respondents frequently turn to family members and peer group when in need, and age, sex, mental health status, and attitude and knowledge on mental illness were significant factors affecting help-seeking behaviors of Korean students. While older students and those with more severe symptoms were more likely to seek help from formal resources, students with more severe symptoms were less likely to seek help from informal resources. Male students and those with negative attitude toward mental illness were less likely to ask peer groups for help.

Conclusions: Study results indicate that informal resources and peer groups can be significant sources of social support for individuals in their late adolescence and young adulthood, however, their role as gateways to professional help is limited. Student counseling centers should take on a more active role in reaching out; implications for developing peer leaders as counselors and self-help groups are discussed.

Key Words: Mental health, Service use, Help-seeking, College student, Korea

〈국문초록〉

한국대학생의 정신건강 원조체계 활용에 영향을 미치는 요인

목적: 이 연구는 한국 대학생의 정신건강 원조체계 활용을 고찰하는데 일차적 목적을 두고, 보건의료서비스 이용에 관한 모델을 적용하여 다양한 정신건강 원조체계의 활용에 영향을 미치는 요인들을 파악하고자 했다.

방법: 수도권에 위치한 4년제 대학 4곳에서 총 454명의 학생들이 본 연구를 위한 설문에 참여했다. 자기응답식 설문지를 사용하여 공식적 보건의료 및 정신보건서비스, 비공식적 원조체계, 동년배 집단, 가족지지로 구분되는 다양한 원조체계와 관련된 도움요청 행위(help-seeking behavior)에 관한 자료를 수집했다.

결과: 조사응답자들은 심리정신적 어려움에 처했을 때 흔히 도움을 요청하는 대상으로 가족이나 동년배 집단에 속하는 다양한 유형의 대상을 꼽았으며, 이들 다양한 유형의 자원에 도움을 구하는데 영향을 미치는 요인으로 나이, 성별, 심리정신적 증상, 정신질환에 대한 지식, 태도가 유의미하게 나타났다. 나이와 심리정신적 증상이 높을수록 공식적 서비스를 활용할 가능성이 높았으며, 증상이 심한 경우 비공식적 자원(종교인, 교수 등)에 도움을 요청할 가능성이 낮았다. 남학생의 경우와 정신질환에 대해 부정적 지식과 태도를 갖고 있는 경우는 동년배(선후배, 동성 및 이성친구 등)에게 도움을 요청할 가능성이 낮았다.

결론: 비공식적 자원이나 동년배 집단은 발달적으로 청소년후기 및 청년전기에 속하는 대학생 집단에 있어 사회적 지지로서, 전문적 도움의 관문으로서 중요한 역할을 할 수 있음에도 불구하고 그 역할이 제한적이므로, 동년배상담자 훈련이나 자조집단 육성 등을 비롯한 대학 상담부서의 적극적인 정신건강 아웃리치(outreach) 노력이 필요하다.

주제어: 정신건강, 서비스 이용, 도움요청, 도움추구, 대학생, 한국