

MENTAL HEALTH AMONG UNIVERSITY STUDENTS: EXAMINING DEPRESSION, ANXIETY, PANIC ATTACKS, AND TREATMENT-SEEKING BEHAVIOUR

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Abstract

University students are more likely to suffer from mental health disorders that impair their academic success and emotional health and quality of life. This study aimed to explore the prevalence of depression, anxiety, panic attacks and treatment-seeking behavior among university students in Malaysia, which was conducted using the secondary data of 101 respondents from International Islamic University, Malaysia. The quantitative cross-sectional design was used and descriptive statistics, Chi-square, and Fisher's exact test were used to explore associations and binary logistic regression was used to explore predictors of treatment-seeking behaviour. The results indicated that 63.4% of students had at least one mental health disorder, with 34.7% of students feeling depressed, 33.7% of students feeling anxious, and 32.7% of students having a panic attack. There was a significant association between marital status and depression and panic attack, while gender, year of study and CGPA did not have significant association. Even with this high rate of psychological distress, only 5.9% of those involved in the study sought professional help, with depression being the most significant predictor of help-seeking. The results underscore the pressing need for holistic university mental health programs, screening measures, efforts to reduce stigma, and the provision of counselling services to ensure timely interventions and enhance student mental health.

Keywords: university students, depression, anxiety, panic attacks, treatment-seeking behaviour

Introduction

Mental health has become a major public health issue for young people in the university setting around the world. There are significant academic, social, financial and personal challenges which can impact on students' psychological health when making the transition to higher education (Wasil et al., 2022). University students face greater demands on their academic performance, heightened competitive learning environments, transitioning from a safe and supportive campus to independent living, financial pressures and the future prospects of job opportunities. Common mental health disorders, such as depression, anxiety, and panic attacks, are likely to emerge due to these stressors and may take a toll on students' quality of life, relationships, academic performance, and educational experiences (Akhtar et al., 2020; Deng et al., 2021). As a result, educators, health and healthcare providers and policy makers have become concerned with fostering the psychological health of students in higher education institutions.

There is evidence in recent years that depression and anxiety are among the most common psychological disorders experienced by a variety of university groups in different cultural and geographical contexts (Yang et al., 2024). Systematic reviews and meta-analyses at the national level have consistently found that about one-third of university students have clinically significant symptoms of depression or anxiety, which shows that psychological distress is not a unique feature of campus life, but rather a common issue (Li et al., 2022; Antón-Ruiz et al., 2026). These concerns were exacerbated by the COVID-19 pandemic which had knock-on effects on education, social isolation and the lack of clarity around academic progression and job opportunities (Pei et al., 2024). While many institutions have returned to traditional teaching methods, its consequences on the psychological health of university students are not limited to the immediate public health emergency, but are still being clearly observed in these post-pandemic investigations, in which levels of depression, anxiety, stress and emotional exhaustion are still higher (Deng et al., 2021; Antón-Ruiz et al., 2026). Mental ill-health can have significant consequences for pupils' learning and life choices. Reduced attention, cognitive dysfunction, lack of motivation, absenteeism, low engagement in academics and elevated intentions to drop out from higher education have been linked to depression and anxiety (Nyamwange, 2024). Longitudinal studies have shown that psychological distress in students as a persistent experience is linked to poorer academic performance and lower satisfaction with education than when students are psychologically healthy (Davies & Glazebrook, 2020; Sinval et al., 2025). Moreover, psychological disorders often occur in conjunction with each other. Concurrently, anxiety symptoms and panic are common among students with depression, which leads to more functional impairment and a complicated clinical management (Auty et al., 2022). It is therefore crucial to be aware of the presence of several psychological disorders when working out a holistic strategy for supporting students.

Although the prevalence of mental health is being recognized in university students, mental health care seeking by mental health professionals is still significantly lower than what is estimated. Stigma, fear of being discriminated against, lack of mental health literacy, concerns about confidentiality, financial barriers, and a desire to manage their own emotions and thoughts are among the multiple barriers students with mental health issues may encounter when trying to receive mental health services in the school environment (Lipson et al., 2022; Hyseni Duraku et al., 2024). Negative attitudes or views about seeking professional psychological support can contribute to further delay in diagnosing and intervention leading to further exacerbation of symptoms and potential long-term psychological and academic consequences. Recent research has also found that students' attitudes towards psychological aid, perceptions of school wellness, and their knowledge of mental health services have significant impacts on their willingness to seek professional support (Van Tuong & Tam, 2025). Given this, research into factors that influence treatment-seeking behavior among students has become a significant part of the current mental health research in higher education.

While there are significant advances in the literature on student mental health, there are still some research gaps. Most of the literature that was available are systematic reviews or studies that have been carried out in a national or institutional context, which makes it difficult to compare across educational settings (Waumans et al., 2022). Moreover, few studies consider depression, anxiety, panic attacks, demographic factors and treatment-seeking at the same time for a single student data set. The relationship between these psychological factors and students' academic traits is inadequately studied, especially in developing countries' university students. Filling those gaps can help develop a more comprehensive grasp of psychological well-being and support evidence-based interventions that enhance campus mental health resources and early intervention programs (Amaro et al., 2024; Gomes et al., 2024).

The present study aims to fill this gap by analysing data drawn from a public data set obtained from students attending the International Islamic University Malaysia (IIUM). The data covers a range of demographic, academic, depression, anxiety, panic attacks, marital status, and specialist treatment-seeking items. This study comprehensively reports on the prevalence of common mental health issues, their links to demographic and academic factors, co-occurrence of issues, and factors that support or hinder professional help-seeking, allowing for a thorough assessment of the psychological health of university students. The results will help university administrators, mental health professionals, and policy makers create interventions to support early identification, access to mental health services, decrease mental health stigma, and promote healthier academic environments (Wang et al., 2023). The objectives of this research are as follows:

- 1.To determine the prevalence of depression, anxiety, panic attacks, and treatment-seeking behaviour among university students
- 2.To examine the association between demographic and academic characteristics and common mental health conditions among university students
- 3.To evaluate the co-occurrence of psychological conditions and identify predictors of professional treatment-seeking behaviour among university students

2. Materials and Methods

2.1 Study Design

The study design used was Quantitative, Cross Sectional and Secondary data analysis in order to gain insight into mental health problems and seeking help among the students of the University. The cross sectional design enabled depression, anxiety and panic attacks to be measured at one timepoint and study variables held constant. A method of research that was used was the observational method, this allowed patterns and relationships to be worked out from the data collected. This could be adapted to calculate the prevalence of mental health conditions, and examine the associations between student characteristics and psychological outcomes in a university setting.

2.2 Dataset Description

The data used in the study was the Student Mental Health data provided by Islam (2023). This data set consists of answers provided by 101 university students and contains data on their demographics, academic performance and mental health, provided by means of a structured survey. The variables are age, gender, academic programme, year of study, cumulative grade point average (CGPA), marital status, depression, anxiety, panic attacks and treatment seeking behaviour. The data set is a broad spectrum of psychological ill health and help-seeking among students, which can therefore be used to examine the prevalence of psychological disorders and to help-seeking behaviours among the university population.

2.3 Study Variables

The study investigated both dependent and independent variables to identify the factors that influence student's mental health. The dependent variables were depression, anxiety, panic attacks, and treatment-seeking behaviour (all dichotomous). Independent variables were the demographic and academic variables such as age, gender, academic programme, year of study, CGPA, marital status. These variables were chosen as they are important characteristics in the life of a person, such as personal and educational factors, which can affect psychological well-being and the use of professional mental health services. Appropriate coding procedures were used to make statistical analysis and interpretation easier.

2.4 Cleaning and Pre-processing Data

The data was meticulously cleaned and preprocessed before statistical analysis to guarantee the reliability and uniformity of the data. The data was checked for missing data, duplicate data, inconsistent formatting, and coding errors. In one case, the value was missing, and this was dealt with appropriately during analysis. The year of study, classifications of CGPA (Grade Point Average) and academic programme names were standardized due to significant variations across them so that observations could be compared at the same level. Categorical variables were then coded into uniform formats that were appropriate to statistical analysis, which helped enhance the quality of the data, and minimised the risk of bias from the data analysis.

2.5 Statistical Analysis

The data were analysed using descriptive and inferential statistics. Means and standard deviations were used to summarize continuous variables and frequencies and percentages were used to summarize categorical variables. Cross tabulations were conducted to explore the patterns of depression, anxiety, panic and treatment-seeking behaviour by demographic and academic factors. The Chi-square test was used to determine any association found between categorical variables; when the observed cell frequencies were small, Fisher's Exact test was used. Odds ratios were used to quantify the magnitude of significant associations and a p-value < 0.05 was considered statistically significant. All analyses were done in Python.

3. Results

3.1 Demographic Characteristics

There were a total of 101 university students. The mean age of the participants was about 20.5 years (range 18 to 24 years). Most of the females and about one quarter of the males were sampled. The majority of participants were young students in their first year of study, with second and third year students following. Almost half of the respondents (48.0%) had a CGPA of 3.50 to 4.00 which represents generally good academic performance. The age demographic of the participants was typical of undergraduate university students, with the majority being unmarried and few married (Table 1).

Table 1: Demographic and Academic Characteristics of Participants (N = 101)

Variable	Category	Frequency (n)	Percentage (%)
Age	18 years	32	31.7
	19 years	21	20.8
	20 years	6	5.9
	21 years	3	3.0

	22 years	2	2.0
	23 years	13	12.9
	24 years	23	22.8
	Missing	1	1.0
Gender	Female	75	74.3
	Male	26	25.7
Course Group	Computing & IT	31	30.7
	Engineering & Physical Sciences	28	27.7
	Social Sciences, Humanities & Law	18	17.8
	Health & Life Sciences	10	9.9
	Islamic & Religious Studies	8	7.9
	Business & Economics	6	5.9
Year of Study	Year 1	43	42.6
	Year 2	26	25.7
	Year 3	24	23.8
	Year 4	8	7.9
CGPA	0.00–1.99	4	4.0
	2.00–2.49	2	2.0
	2.50–2.99	4	4.0
	3.00–3.49	43	42.6
	3.50–4.00	48	47.5
Marital Status	Unmarried	85	84.2
	Married	16	15.8

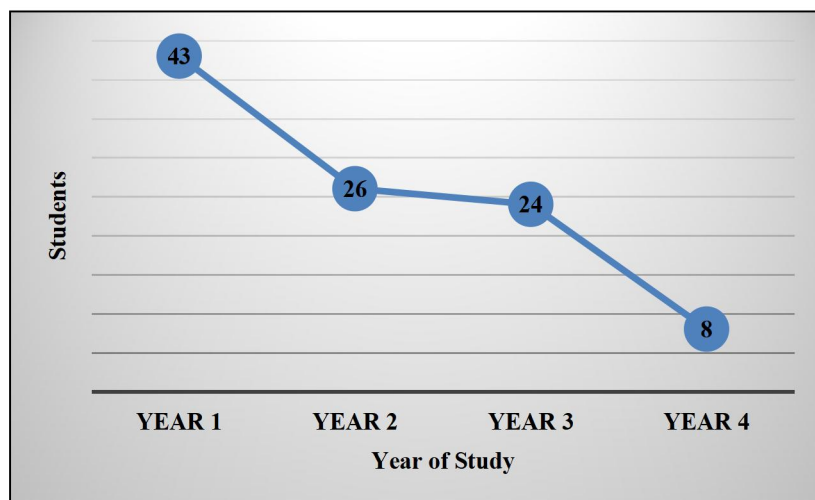


Figure 1: Distribution of Participants by Year of Study

3.2 Prevalence of Mental Health Conditions

The findings indicate that a significant number of students in the study had mental health issues. Some 31% of respondents reported depression, and rates of anxiety and panic attacks were comparable. Overall, the prevalence of mental health problems among the students in the study was fairly high, with over 50% reporting having experienced one or more psychological problems. Although depression, anxiety and panic attacks were common, few students reported taking professional mental health treatment. The results indicate a substantial unmet treatment need, even though there is a significant amount of psychological distress (Table 2) (Figure 2).

Table 2: Prevalence of Mental Health Conditions and Treatment-Seeking Behaviour

Outcome	Yes n (%)	No n (%)	95% CI (%)
Depression	35 (34.7)	66 (65.3)	26.1–44.3
Anxiety	34 (33.7)	67 (66.3)	25.2–43.3
Panic Attacks	33 (32.7)	68 (67.3)	24.3–42.3
Treatment Seeking	6 (5.9)	95 (94.1)	2.8–12.4
≥1 Mental Health Condition	64 (63.4)	37 (36.6)	53.6–72.1
≥2 Mental Health Conditions	28 (27.7)	73 (72.3)	19.9–37.1
Depression + Anxiety + Panic Attacks	10 (9.9)	91 (90.1)	5.5–17.3

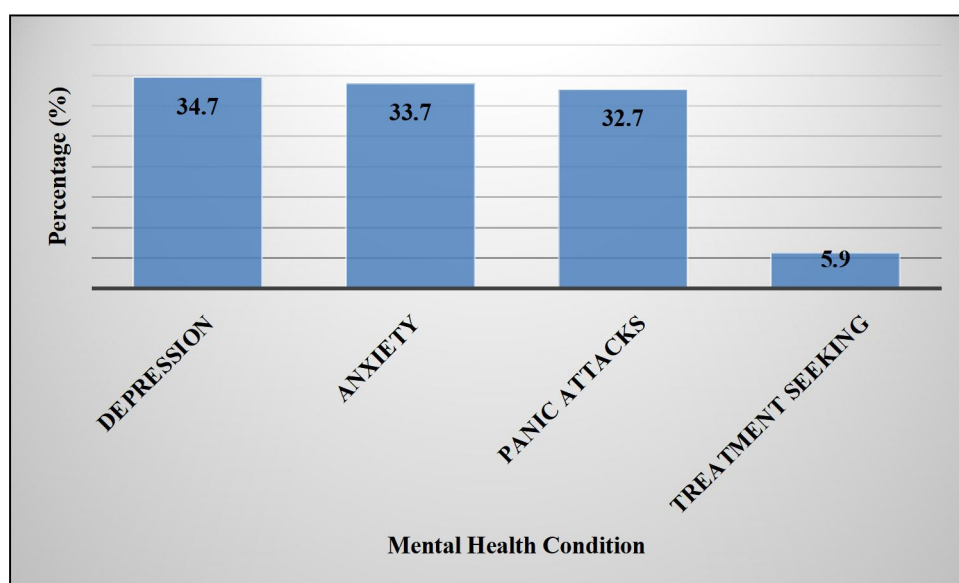


Figure 2: Prevalence of Mental Health Conditions among University Students

3.3 Association between Demographic Characteristics and Mental Health

Chi-square and Fisher's Exact tests were performed to investigate the association between demographic characteristics and mental health conditions. Marital status was found to be statistically significant and married students were more likely to experience depression and panic attacks than unmarried students. Gender, year of study and CGPA did not have significant associations with depression, anxiety and panic attacks. Depression and anxiety levels were slightly higher among female students, but not significantly different from male students, while rates of anxiety and depression were slightly higher among male students, but not significantly different from female students. Demographic characteristics did not have much of an impact on mental health scores across this sample (Table 3) (Figure 3).

Table 3: Association between Demographic Characteristics and Mental Health Conditions

Variable	Depression (p)	Anxiety (p)	Panic Attacks (p)	Statistical Test
Gender	0.231	0.632	1.000	Fisher's Exact
Year of Study	0.474	0.905	0.493	Chi-square
CGPA	0.061	0.474	0.117	Chi-square
Marital Status	<0.001	0.394	0.009	Fisher's Exact

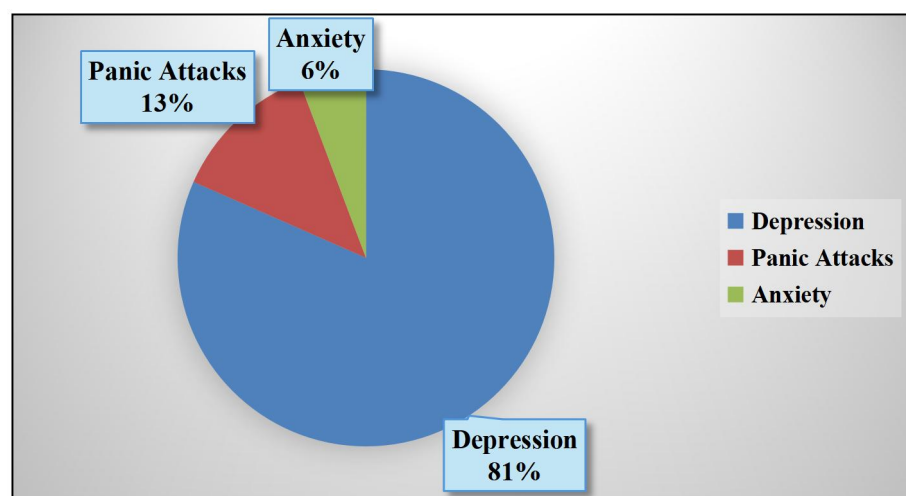


Figure 4: Mental Health Conditions and Treatment-Seeking Behaviour

3.5 Predictors of Treatment-Seeking Behaviour

Logistic regression was done to determine factors associated with treatment-seeking behavior among university students. Depression was the most powerful predictor of seeking mental health professional help, followed by anxiety and panic attacks. Students who reported psychological conditions had greater likelihood of having access to specialist care than those who did not report psychological conditions. After adjustment, other demographic factors (gender, year of study, CGPA, marital status) exhibited relatively weaker predictive abilities. Table 5 indicated that, among the students' demographic and academic factors, psychological symptoms were a more significant factor in treatment-seeking behaviour than they were.

Table 5: Binary Logistic Regression Analysis of Predictors of Treatment-Seeking Behaviour

Predictor Variable	β Coefficient t	Standard Error	Adjusted Odds Ratio (AOR)	95% Confidence Interval	Wald χ^2	p-value
Depression (Yes)	3.38	1.42	29.31	1.60–537.40	5.68	0.017
Anxiety (Yes)	0.72	0.84	2.06	0.39–10.82	0.74	0.389
Panic Attacks (Yes)	1.51	0.93	4.55	0.79–26.26	2.63	0.105
Gender (Female)	0.29	0.64	1.34	0.38–4.69	0.21	0.648
Year of Study	–0.11	0.23	0.90	0.57–1.43	0.24	0.624
CGPA	0.18	0.37	1.20	0.58–2.50	0.23	0.633
Marital Status (Married)	0.94	0.79	2.56	0.55–11.89	1.42	0.234

3.6 Co-occurrence of Mental Health Conditions

The results showed a significant overlap of symptoms of depression, anxiety and panic attacks in the study population. Students often reported that they had multiple psychological problems, suggesting a clustering of mental health disorders, rather than one or the other. There was significant correlation between depression and anxiety and depression and panic attacks, indicating a close relationship between the two. While some students indicated having one mental health problem, others indicated having two or all three mental health problems at the same time. The pattern of psychological distress in university students illustrates that psychological distress is complex, with students needing an integrated approach to mental health care and assessment (Table 6) (Figure 5).

Table 6: Co-occurrence of Depression, Anxiety, and Panic Attacks among University Students

Indicator	Frequency (n)	Percentage (%)
No mental health condition	37	36.6
One condition only	36	35.6
Two co-occurring conditions	18	17.8
Three co-occurring conditions	10	9.9
At least one condition	64	63.4

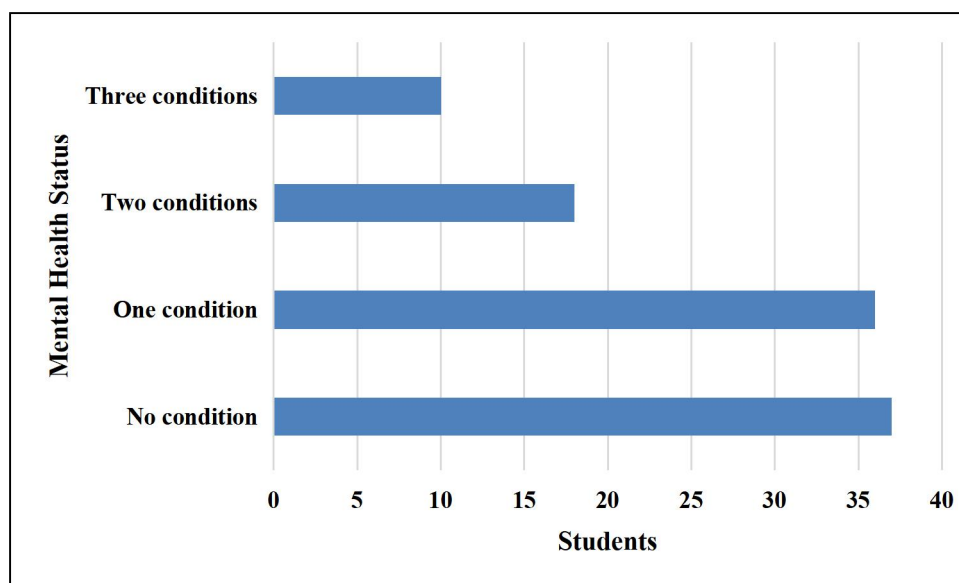


Figure 5: Co-occurrence of Mental Health Conditions

4. Discussion

The prevalence of depression, anxiety, panic attacks among university students and examined their relationship with demographic and academic variables. The results show that psychological distress is a common phenomenon among the students of the study population: about one-third of students experienced depression (34.7%), anxiety (33.7%), and panic attacks (32.7%). Furthermore, almost two-thirds of participants suffered from at least one mental health disorder and more than one-fourth reported two or more co-occurring psychological problems. The results of this study have shown that the mental health problems of university students are widespread and often co-occurring, which can impact their academic achievements, mental health, and quality of life.

There were no significant correlations found between gender, year of study, and CGPA with depression, anxiety, and panic attacks, indicating that psychological distress may occur among students with varying academic backgrounds. Mental health was also significantly associated with marital status, however, suggesting that mental health differences exist and may be due to personal responsibilities, social support, and life circumstances. While causal conclusions cannot be drawn from a cross-sectional study such as this, these results indicate that psychosocial variables might exert a stronger impact on students' psychological well-being than would academic variables.

Another significant result was the very low rates of professional mental health services utilization. Even though psychological symptoms were prevalent, there was still only specialist treatment sought by 5.9% of participants. Logistic regression further showed that depression, but not anxiety or panic attack, was the most significant predictor of treatment-seeking behaviour. This indicates that a large proportion of students might not seek mental health help until

they have symptoms that are severe enough to affect their daily functioning, and that anxiety and panic symptoms may not be addressed by formal mental health services.

The rate of depression detected in this study is similar to earlier systematic reviews which found that globally, almost one-third of university students suffer from depressive symptoms (Akhtar et al., 2020; Li et al., 2022). Likewise, the high prevalence of anxiety is consistent with the most recent findings on high levels of anxiety among university students during the pandemic (Deng et al., 2021; Antón-Ruiz et al., 2026). The results support the increasing awareness of psychological distress in university students as a public health problem of worldwide magnitude. Conversely, no significant relationships were found between gender, academic year, CGPA and most mental health outcomes, unlike other studies that found psychological distress to be higher among female students and among students who did not do well in school (Amaro et al., 2024; Sinval et al., 2025). Discrepancies could be due to varying sample sizes, institutions or cultural differences (Bantjes et al., 2023). On the other hand, the strong association between Marital status and psychological distress in the current study is consistent with the prior findings that the personal and social context affects mental health outcomes among university students (Van Tuong & Tam, 2025). Moreover, the concurrent presence of depression, anxiety, and panic attacks aligns with previous research showing that depression and anxiety disorders often co-occur and result in heightened symptom burden (Auty et al., 2022). The very low treatment-seeking behaviour is also consistent with previous studies showing that stigma, insufficient mental health literacy, lack of confidentiality, and lack of awareness of services continue to deter students from professional psychological treatment (Lipson et al., 2022; Hyseni Duraku et al., 2024; Olatunde et al., 2025). Previous research has found that depression is the best predictor of willingness to seek treatment, especially when symptoms are severe and interfere with functioning in daily life, which is also supported by the present study (Karyotaki et al., 2022).

The results are of great practical importance to higher education institutions. Campuses of universities should enhance the mental health services available on campus by implementing regular psychological screening, mental health counseling services, mental health early intervention programs, and mental health awareness campaigns to address the stigma and help-seeking behavior (Wells, 2023). The availability of digital mental health programs, peer support programs, and confidential tele-counseling could also increase access to psychological care, especially for students who are hesitant to receive in-person psychological support services (Edwards & Froehle, 2023). Ongoing mental health surveillance may aid in the early detection and prevention of mental health issues, which may impair students' academic performance.

There are a number of caveats to keep in mind. There were limitations with the generalizability of the findings as only a small number of students ($n = 101$) were sampled from one university. The cross-sectional design does not allow for causal inferences, and using self-reported data may lead to recall and social desirability bias. Furthermore, there were no data on critical psychosocial factors such as socioeconomic status, family support, resilience or previous psychiatric disorders. Additionally, the small number of students who visited the specialist for treatment limited the statistical power of analyses examining treatment seeking. Further studies are needed using larger multi-institutional data sets, longitudinal study designs, and greater psychosocial measures to enhance understanding of student mental health. The assessment of digital mental health interventions, peer-support programmes, as well as university counselling initiatives can also yield useful information to inform the development of effective strategies to promote psychological health and improve professional help-seeking among university students.

5. Conclusion

The prevalence of depression, anxiety, panic attacks and treatment-seeking behaviour among university students based on a public data set from the International Islamic University Malaysia. Approximately, one-third of students had depression, anxiety or panic attacks and nearly two-thirds had at least one mental health condition. Demographic and academic variables had few associations with psychological outcomes, but marital status was significantly associated with depression and panic attacks. One key finding was the low uptake of mental health professional treatment despite the high prevalence of mental health problems, with depression showing to be the strongest predictor of mental health specialist treatment. In addition to its contributions to the literature, this study marks one of the first attempts to evaluate common psychological conditions, their co-occurrence and treatment-seeking in a unified analysis. The results highlight the importance of adopting mental health as a priority in universities by implementing regular screening, providing counselling services, creating stigma reducing programs, and by offering evidence-based digital support programs. Educating the public and increasing professional understanding of mental health needs and the importance of early intervention can enhance mental health and academic outcomes for students. In the future, larger, multi-institutional, multi-year datasets should be used, as well as wider psychosocial factors, to better understand the risk factors and effectiveness of interventions that improve mental health outcomes and increase help-seeking behaviors among university students.

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