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Optimism bias as a barrier to accessing mental health support amongst tertiary students

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ABSTRACT

Student wellbeing is a key concern for those delivering tertiary education. Tertiary providers such as universities use a range of techniques to support student wellbeing through times of stress. This article reports on one finding from a mixed methods study at two New Zealand universities that explored how students enrolled in agricultural courses saw and managed their wellbeing. The findings demonstrated that students reflected an optimism bias regarding managing their own stress believing most stressful situations would resolve without the need to involve support services. Their intent was that university support services were only to be used in times of mental health crisis. Consequently, students reported that they would not engage with support and education around managing their wellbeing but did find value in learning about how to support others through times of crisis. These findings contribute to knowledge about tertiary students' attitudes to stress and support services. They have implications for those delivering wellbeing services at tertiary institutions in terms of how best to tailor and deliver services for students experiencing stress.

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Introduction

Tertiary study can be a stressful time with many students being young people aged under 25 years. Pressures associated with tertiary education at university include the challenges of living independently, financial stress, forming and maintaining social networks as well as academic and performance pressures related to study (Baik et al., 2019; Batten & Dutton, 2011; Browne et al., 2017; Moss et al., 2022; Pfeiffer & In-Albon, 2022). For young people, the patterns and coping mechanisms used to stay mentally well and manage stressful life events while at university can determine lifelong coping patterns (Spendelow & Jose, 2010). Mental health stigma, embarrassment, and shame present as significant barriers for young people in recognising and addressing the signs and symptoms of mental illness (Aguirre Velasco et al., 2020; Batten & Dutton, 2011; Moss

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et al., 2022). Understanding and eliminating these barriers to young people accessing mental health support and services, as well as engaging in mental health promotion activities, is an important concern for tertiary education providers. This article reports on one qualitative finding from a wider mixed method study that explored how students enrolled in agricultural courses at two New Zealand universities saw and managed their mental wellbeing (446, submitted). It considers the role of optimism bias in help-seeking behaviour and presents recommendations for the development and delivery of health promotion programmes within the university environment.

Student wellbeing

The mental health and wellbeing of young people in New Zealand mirror international trends of increased psychological distress for this age group (Baik et al., 2019; Hunt et al., 2019; McKendrick-Calder & Choate, 2023; Menzies et al., 2020; Moss et al., 2022; Wilson & Nicolson, 2020). Compared to other age groups, those aged 15–24 have the highest mental distress and are more likely to report long-term psychological conditions that affect their everyday lives, limiting their ability to socialise and communicate and creating barriers to study and work (Wilson & Nicolson, 2020). The social costs of this for individuals, families and the economy are significant (Menzies et al., 2020; OECD, 2018; Paterson et al., 2018).

The tertiary environment has a significant impact on student mental health and wellbeing (Abrams, 2022; Baik et al., 2019; Hunt et al., 2019; Limpus & Carlyon, 2019; Moss et al., 2022; Slykerman & Mitchell, 2021). The Kei Te Pai? (How Are You?) Report on student mental health in New Zealand found that young people engaged in university education reported higher levels of stress than those who were not studying (Gharibi, 2018). University students today are juggling many challenges relating to course workload, financial strain, adjustment to campus life and transitioning from school to university (often away from home). This is alongside the COVID-19 pandemic – a tumultuous period in which the tertiary environment had to adapt to online delivery with many students experiencing additional stress (Grubic et al., 2020). Student populations internationally and in New Zealand show similar trends of increased self-reported psychological stress with New Zealand seeing a 25% increase in counselling services use since 2015 (Baik et al., 2019; Centre for Collegiate Mental Health, 2020; Menzies et al., 2020; Moir et al., 2022).

Young people are reluctant to engage with professional support in times of stress or mental unwellness. Reasons cited for this reluctance include a desire for independence, denial and shame, or stigma attached to help-seeking and mental illness (Batten & Dutton, 2011; Gharibi, 2018; Limpus & Carlyon, 2019; Pfeiffer & In-Albon, 2022; Spindelov & Jose, 2010). Studies have found that young people prefer to turn to informal sources such as friends and family for help with their mental wellbeing rather than accessing formal health services (Batten & Dutton, 2011; Pfeiffer & In-Albon, 2022; Spindelov & Jose, 2010). These informal contacts provide support for the young person and become critical in that young person's decision whether to access formal support services, leaving those students without access to informal contacts or accessing poorly informed contacts, especially vulnerable.

Investment in student mental health has significant societal benefits in changing the conversation around mental health and reducing stigma (Abrams, 2022; Ashwood

et al., 2015; Limpus & Carlyon, 2019; Slykerman & Mitchell, 2021). Universities can play a key role in supporting student wellbeing (Baik et al., 2019). Like contemporary studies overseas (see Abrams, 2022), recent New Zealand research has explored how best to respond to the mental health and wellbeing needs of students, suggesting a more proactive and holistic approach (Limpus & Carlyon, 2019; Moir et al., 2022; Slykerman & Mitchell, 2021). For example, Moir et al. (2022) conducted a cross-sectional study examining trends and differences between cohorts of medical students in New Zealand exposed to the wellbeing curriculum SAFE-DRS finding that the delivery of wellbeing curriculums is not straightforward and needs to balance such things as stigma, mental health literacy and self-care. Similarly, Slykerman and Mitchell's (2021) quantitative study investigating student levels of stress, anxiety and psychological wellbeing over the university semester in New Zealand found that interventions need to be flexible enough to be adaptable to different groups of students.

Optimism bias

This study evaluated one aspect of a larger research project that investigated the effectiveness of a mental health and wellbeing programme developed and delivered for university students studying agriculture. Discovering the potential role of optimism bias as a barrier to help-seeking behaviour was an unexpected finding as it was not something the researchers had previously considered. Consequently, the researchers sought to explore more about optimism bias to understand the role this plays and how the effects can be mitigated. The aim is to empower students within university settings to access support services prior to becoming overwhelmed by a stressful situation or becoming mentally unwell. This section briefly explores the literature on optimism bias to create a foundation of understanding through which to view the study's findings.

Weinstein (1980) is the seminal contributor on optimism bias, first researching and publishing in 1980. The term optimism bias is also known in the literature as wishful thinking, unrealistic optimism, comparative optimism and overoptimism (Kress & Aue, 2017). It refers to a positivity or self-serving bias that as individuals we believe we are more likely to have good things happen to us than others and less likely to have bad things happen, and it is defined as the difference between a person's expectations and the eventual outcomes (Dolinski et al., 2021; Kress & Aue, 2017; Sharot, 2011; Spindelw & Jose, 2010).

An optimism bias can have both negative and positive consequences. Holding an optimistic view has been found to be a protective mechanism creating a view of invulnerability for the individual, thereby reducing fear and anxiety (Dolinski et al., 2021; Sharot, 2011). Furthermore, having an optimistic view is known to foster physical and mental wellbeing, supporting people to make better decisions and avoiding errors (Kress & Aue, 2017). However, this feeling of invulnerability can have negative consequences with individuals more likely to take risks and ignore or underestimate potential threats (Dolinski et al., 2021; Kress & Aue, 2017). It may further mean that they are less likely to engage in self-protective behaviours, delay help-seeking or fail to implement and respond to health promotion messages (Dolinski et al., 2021; Sharot, 2011).

Optimism bias has been measured and tested within several health settings including people's response to the COVID-19 pandemic health requirements (Dolinski et al.,

2021), the prevention of skin cancer caused by sun exposure (Kos & Clarke, 2001) and barriers to young people accessing mental health treatment (Pfeiffer & In-Albon, 2022) among others. These studies found that participants rated themselves as less likely to be impacted by negative events than others (Dolinski et al., 2021; Kos & Clarke, 2001). In unpacking the reasons for such beliefs, Kos and Clarke (2001) found that people generally believe that they take more precautions than others and consequently were more protected from harm than others. Of relevance to this study is that young people tend to underestimate the risk and the impact of their mental health problems and do not believe that they will be affected by a serious mental health disorder (Pfeiffer & In-Albon, 2022; Sharot, 2011). An awareness of risk and knowing the steps to take to mitigate risk, for example, implementing steps to stay mentally well and seeking help when required, is important, but without action, this knowledge is meaningless. It is consequently important to understand the role that optimism bias plays in help-seeking behaviours for university students so that health promotion programmes can be developed and adapted to address this.

Case study

This research focused on New Zealand university students studying agriculture. This group of students faces compounded risk as alongside the stresses associated with being university students, there is an increased risk of suicide and mental illness across the rural sector in New Zealand and a reluctance amongst community members to seek help (Beautrais, 2018). The isolation of many rural communities means that there is a lack of easily accessible mental health support and many in the community may not know how, when or where to seek help for their mental health (Wright, 2022). There is also still a significant stigma attached to mental illness and seeking help within rural communities with many in these communities adhering to the ‘good farmer’ typology (Burton, 2004; Hammersley et al., 2023; Roy et al., 2014). This typology conjures an image of a resilient farmer persevering through tough periods independently, without seeking assistance (Hammersley et al., 2023; Roy et al., 2014). Help-seeking within this context is seen as a weakness. Research has also identified that in addition to prevention efforts within community and farming organisations, there is a need for programmes in tertiary institutes that teach recognition of mental health problems, coping and helping skills (Beautrais, 2018).

Methodology and methods

This article’s findings emerged from semi-structured qualitative interviews undertaken with 10 agricultural students from one New Zealand university. The purpose of the interviews was to gain a greater depth of understanding of the mental health needs of agricultural students. The interviews were with students who had not completed any university mental health programmes. These interviews sought to explore the steps agricultural students take to manage their mental health and wellbeing, their experience of the mental wellbeing supports the university offered and what else could be done to improve these. The interviews occurred in a variety of settings including face-to-face, online using Zoom or by phone.

The research attained ethical approval prior to data collection (SOA 22-08 and SOB22-28). Key ethical principles informing the research were ensuring beneficence, confidentiality, informed consent and minimising any conflict of interest. The research used a purposive sampling approach. This sampling technique enabled participants to be strategically selected to ensure that they could contribute a variety of perspectives to the research (Lietz & Zayas, 2010; Patton, 2015). Participants were volunteers who responded to information circulated about the research through the online teaching platform and posters displayed on noticeboards across the university. As already noted, the participants were all university students enrolled in agricultural courses. They did not receive payment for participating in the research but were provided with a small food voucher to thank them for their time. To ensure that there was no conflict of interest, the recruitment and interviews were undertaken by staff who were not involved in the delivery of their programme. Participants were informed of their rights including the right to withdraw prior to the start of the interviews, and written consent was provided. All participants had previously received an information sheet about the research and were provided with information relating to support services should they require this.

Interviews were completed across July and August of 2022. The interviews were digitally recorded with participants' consent. Each interview was approximately an hour long. The use of an interview guide ensured consistency of the core topics explored with each participant and acted as a checklist for the researchers to ensure these topics were covered (Patton, 2015). Topics covered in the interview included how students kept themselves well, the impacts of stress, engaging with support services and strategies to support their wellbeing.

Transcript checking is an important component of ensuring the trustworthiness of the qualitative research process. Interviews were transcribed and returned to participants for checking. To maintain confidentiality, all participants were allocated pseudonyms, and any identifiable information was anonymised or removed. Two research assistants then thematically analysed the data. The process of data analysis occurred both manually and using the data analysis software NVivo. The use of two research assistants in this manner provided triangulation of the data and contributed to inter-coder reliability.

The data analysis was an inductive process where themes emerged spontaneously from the data. Coding followed an organic approach that began with data familiarisation. The research aims were then used as a conceptualising framework with an iterative process of moving between and across the interview transcripts (Braun & Clarke, 2019). Themes were identified as the central organising concepts of similar ideas or meaning across the interviews (Braun & Clarke, 2022). Optimism bias emerged as a theme early in the analysis. Examples and exceptions were then identified in an iterative process of moving across the transcripts through a reflexive process of analysis. These results were then considered in relation to existing knowledge and literature on the topic. The research findings contribute knowledge about the mental health needs of agricultural students offering proximal similarity for other similar student populations.

Findings

The findings of this study indicate that optimism bias played a role for students enrolled in agricultural courses at a New Zealand university when managing their wellbeing. This

was reflected through three key ideas from the interviews, including student attitudes and beliefs towards managing their wellbeing, a reluctance to seek help and engage with support services and a willingness to support others over themselves.

Attitudes and beliefs

The participants' reflections on their health and wellbeing showed a positive outlook (Pfeiffer & In-Albon, 2022; Spindelw & Jose, 2010). This positive outlook can be seen through Joanne's reflection on keeping herself well:

To keep myself well, I think I am a pretty well person in general, just quite naturally. I always like to kind of celebrate and enjoy pretty much everything that I can. I always like to make sure that I have something to look forward to. (Joanne)

While having an optimistic outlook can have positive consequences, this type of positive outlook was also seen in participants' attitudes towards managing stress in their lives reflecting an optimism bias (Sharot, 2011). Mary stated that she coped with stress by focusing '*... on the good stuff on the day*' (Mary). In a similar vein, Laura explained that she would:

Probably just truck on. Try and deal with it ... I have this theory that if I have a tidy room, I have a tidy life ... I think I tend to tell myself that I am fine, and don't like over-thinking things. (Laura)

In agreement with existing research on optimism bias, Mary and Laura's optimistic expectancies influenced how they perceived the world around them and managed stress biasing their attention and allowing them to focus on the positive (Kress et al., 2018; Kress & Aue, 2017). In addition, an attitude of apathy and optimism was evident within the views expressed by the participants, that whatever is wrong presently will right itself with time. This concurs with the findings of Pfeiffer and In-Albon (2022) that young people with optimism bias underestimate the likelihood of negative events impacting them. As reflected in Lisa's explanation of managing stress:

I'm probably not a stressor over the small things ... I was thinking, no, I've got to live in the moment, and not worry about the future because it will surely somehow fall into place. (Lisa)

This positive outlook towards the future reflected an optimism bias for Lisa in the management of her own stress. Through her belief that stressful situations will resolve themselves, she was able to rationalise and manage her fears (Dolinski et al., 2021). Similarly, Ryan explained:

I feel like this is more of a temporary feeling. That's definitely how I kind of take things ... I have always, especially at high school, doing speeches or something like that, I was all I have to do is get through this moment, and then I am done. So I am always reminding myself that time is temporary, life keeps moving ... I try and focus on things that are long term and good for you as well. I wouldn't start taking medication cos it's a temporary boost. I try and focus on long term things which are good for me. (Ryan)

Like Lisa, Ryan's view on the future helped him manage stress in his everyday life. Interestingly, Ryan's reference towards medication in the above explanation may suggest a

reluctance to engage in mental health services and support. This attitude presents a barrier that is grounded in the fear that may come from the public stigma around mental health, family beliefs about mental health or poor mental health literacy (Barrow & Thomas, 2022; Pfeiffer & In-Albon, 2022). This type of attitude was also found in Lisa's ongoing reflection on managing stress:

I don't really have down days. I am normally just fine ... I wouldn't say there is a day when I am like down or need to go rest. I wouldn't say I am like that ... Yes, I don't see a need to be moody or down. I understand it happens. It happens to all of us at some stage. But I don't think you need to waste a good day on just lying on the couch. (Lisa)

Although Lisa expressed that feeling down was something that happens to everyone, she potentially underestimated the impact of stress affecting herself suggesting a stigma towards others with her turns of phrase *'I wouldn't say I am like that'* and *'I don't think you need to waste a good day on just lying on the couch'* (Lisa). These negative ideas reflected a bias around the likelihood of being affected by stress that comes from stigmatising attitudes towards mental health that have been found to present a barrier in adolescent and young adults' help-seeking behaviours (Aguirre Velasco et al., 2020; Barrow & Thomas, 2022; Gulliver et al., 2010).

These attitudes and beliefs may be connected to ideas around the 'good farmer' in terms of what is valued in an agricultural worker captured by participants' experiences in the industry. Laura noted *'I think also farmers in general have a toughen up and get over it kind of attitude'* (Laura). This perception was also shared by Mary who stated *'... because like all of the old school farmers that I know, they are never going to talk about their mental health'* (Mary). Others shared farm work experiences where passing comments reflected ideas about stress and a 'good farmer' image. Ava noted: *Like someone at work said to me the other day ... it was just like a passing comment, he was like what have you got to be stressed about?* (Ava). Mary shared that her boss' view on his workers not getting COVID-19 was *because as farmers our immune systems are probably that strong* (Mary). These reflections where a co-worker and the farmer dismissed stress as a strong and infallible character further reinforce an underestimation about the likelihood of being affected by negative events and invalidated stress as a reality in their world. The context where these students spent a significant amount of time was on farms with many being agricultural workers. This played a significant part in shaping their knowledge of a 'good farmer' and the acceptable attitudes and beliefs held within this setting (Hammersley et al., 2023; Roy et al., 2014). This may have reinforced participants' tendency to present an optimism bias in their reflections on their wellbeing and managing stress, believing that most stressful situations would resolve themselves without the need to seek help (Pfeiffer & In-Albon, 2022). The prevalence of the resilient 'good farmer' reflects the stigma that continues to predominate in the agricultural industry instilled in the belief that you should be equipped to manage stress (Hammersley et al., 2023; Roy et al., 2014).

Seeking help and engaging with support services

Research highlights that adolescent and young adults' reluctance to ask for help may be in the pursuit of autonomy as they associate self-reliance with becoming an adult (Pfeiffer &

In-Albon, 2022; Wilson et al., 2002). The participants' reflections on managing their health and wellbeing and willingness to engage with support services showed a desire in the first instance to solve problems alone. As Ava shared:

I haven't really felt [grumpy] to that point, that's what I will do. I've just sort of gone out of it by talking to a friend. Like if I ask for help, it's sort of going to [be] a friend usually. But before that I sort of try just doing something myself. Especially like living by myself now, it's pretty, I'm pretty happy just doing my own thing. (Ava)

The desire to solve problems alone, in the first instance for Ava before reaching out to a friend, was also reflected in Lisa and Ryan's responses to seeking help for their mental health supports. Lisa noted: *'I don't want to put stress on other people'* (Lisa). Ryan explained his views on engaging in support services for both his physical and mental health:

I am not really a people person, so reaching out is kind of not my strong suit, I guess ... You just kind of suck it up I guess which isn't a very good attitude, but that's the status quo I guess ... this probably goes back to me not really wanting to talk to other people, I guess. I don't really want to go to the doctor for physical stuff, like I should probably get my eyes checked a lot more than I do. But I'm not going to bother, same with my mental health, I guess. It's like, oh, just put that off, that can wait. (Ryan)

Alongside not feeling comfortable reaching out to others, the 'good farmer' attitude of apathy and optimism can once again be seen in Ryan's explanation around engaging with support services and preventive health behaviour (Dolinski et al., 2021). This agrees with the findings of Pfeiffer and In-Albon (2022) who noted that their participants felt they were better equipped to deal with mental health issues than relying on others.

Another significant aspect of participants' reluctance to engage with support services reflected a stigma towards others who may use those services. As stated by Laura: *I know like they have got the counselling and stuff at the medical centre, not that I have ever gone there* (Laura). As mentioned earlier, this attitude presents a barrier to seeking help that is grounded in a fear of being stigmatised (Barrable et al., 2018; Pfeiffer & In-Albon, 2022; Spindelov & Jose, 2010). This attitude to seeking help and the stigma around it was not shared by all the participants. Joanne stated: *I'm hopefully thinking that most people are kind of leaning towards that that is not a stigma in this day and age, or for our generation* (Joanne). Anna shared her experience of having sought help through a therapist and the positive effects that it had on her life: *... 100% changed my life ... It was definitely hardest at the start, not knowing what to do, when to go, where to go. Now that I know the benefits of it, I think I would encourage it* (Anna). Joanne and Anna's perspectives on seeking help reflect a willingness to engage with support services where many of their peers expressed reluctance.

Supporting others

Some of the participants recognised the value of learning how to support others through times of crisis. Joanne explained:

... If there was ways of not necessarily knowing when you need to check up on yourself, but also how to check up on others, and how to make sure you can support others. Cos you know I [was] always told to support each other, look out for each other, but it is more of

how do we actually do that, especially if we have never been through something like that.
(Joanne)

Although admirable, this does reflect an optimism bias through the tendency to view other people's situations as negative whilst viewing their own as positive (Pfeiffer & In-Albon, 2022; Spendelov & Jose, 2010). Susan's favourable viewing of herself and the belief that she was better able to cope with the effects of stress clearly illustrated this bias:

I know that I am lucky that I understand myself and what works for me, but a lot of people don't. A lot of people they don't have issues until, like sort of talking to them, and I am like, hey, that's not normal. (Susan)

The language in Susan's reflection exudes confidence in managing her own wellbeing. In highlighting her own strengths, she suggests a less positive outlook for other people and a willingness to help others rather than herself. This finding supports research that when individuals compare themselves to others, they are more likely to focus on their perceived strengths and are more willing to refer others for help than themselves (Rickwood et al., 2005; Spendelov & Jose, 2010). Accordingly, their belief that they are at less risk than others and are better able to manage and cope with the symptoms associated with stress and other mental health concerns reflects an optimism bias. This may make them less likely to hear health promotion messages or to seek support during times of stress.

Discussion

In agreement with prior research, the findings of this study demonstrate that people often report an optimistic view of their susceptibility to harm and they are, therefore, less likely to respond to health promotion messages and seek help (Pfeiffer & In-Albon, 2022; Sharot, 2011). Having an optimistic view of the world can have protective factors including fostering mental health and physical wellbeing as well as supporting decision-making (Kress & Aue, 2017). However, the students in this study all minimised the potential impact of stress and challenges on themselves, believing that they would not need to engage in help-seeking activities. This, alongside other barriers to help-seeking for this population group including stigmatisation, meant that they would rather rely only on themselves, regarding seeking help and taking medication as displays of weakness and an option of last resort.

Both the Centres for Disease Control and Prevention (CDC) and the New Zealand Suicide Prevention Strategies emphasise the need for changes to promote connectedness and to reframe peer norms around wellbeing support for both an individual themselves and their peers (Ministry of Health, 2019; Stone et al., 2017). An awareness of the impact of an optimism bias on the help-seeking behaviour of university students means that educators can take steps to temper the affect. Dolinski et al. (2021), in researching people's responses to Covid messaging, found that the impacts of an optimism bias can be tempered through messages, which reduce egocentrism and remind participants of the steps they need to take to maintain wellbeing. These messages should be conveyed by people whom participants regard as similar to themselves (Dolinski et al., 2021).

Establishing mental health literacy involves supporting students to understand activities and steps for good self-awareness and strategies to maintain mental wellbeing as well as where to seek help and assistance (Morgaine et al., 2017). It is important to ensure that students have knowledge about steps to take to maintain their wellbeing and the support available. However, to overcome optimism bias and the belief that stress will not have adverse mental health outcomes, it is important to consider the mechanisms for delivery of this content. In the case of delivering health promotion material to university student, the findings of this study support that optimism bias is a barrier to engagement. We, therefore, recommend building on the findings of Dolinski et al. (2021) by using peers to deliver material in either written or visual form, demonstrating the impacts of mental illness. This material should include examples of others following steps to keep themselves mentally well and accessing help.

In relation to the cohort of agricultural students involved in this study, there is still further work needed to address the stigma associated with mental illness within the rural sector. Addressing these barriers should contribute to students gaining a realistic understanding of their risks of becoming mentally unwell and consequently increase the likelihood of engaging in steps to keep themselves mentally well and accessing support services prior to becoming seriously unwell. We recommend further quantitative research is undertaken to measure optimism bias within this cohort and to evaluate whether changing how messages are delivered is effective in reducing this effect. We also recommend further qualitative research to further understand and complement these data.

This article reports on the role of optimism bias in help-seeking behaviour amongst agricultural university students and presents recommendations for the development and delivery of health promotion programmes within the university environment. While not generalisable due to the sample size, the findings from this study have proximal similarity, meaning that they can be transferable across similar populations and add important learnings in terms of the help-seeking behaviour of similar groups of university students (Lietz & Zayas, 2010; Patton, 2015).

Conclusion

The existence of an optimism bias can mean that people are less likely to engage in self-protective behaviours, delay help seeking or fail to implement and respond to health promotion messages (Dolinski et al., 2021; Sharot, 2011). This article explored one finding from the qualitative component of a wider mixed methods study that optimism bias may play a role in the steps university students take to manage their mental wellbeing and how they engage with mental health supports. Discovering the role of optimism bias was an unanticipated finding of the research. Participants provided numerous examples supporting the existence of the bias, their belief that they were able to rely on themselves during periods of stress and would only turn to mental health supports as a last resort. In addition, this study found that stigma still presented as a significant barrier in relation to self-awareness about mental health and the recognition that professional support might be required.

Tertiary providers such as universities use a range of techniques to support students to maintain their wellbeing and through times of stress. The findings from this study

contribute to knowledge about tertiary students' attitudes to stress and mental health support services and programmes. The findings have implications around the role of optimism bias in relation to student help-seeking behaviour within universities. The prevalence of an optimism bias amongst this population means that universities need to consider ways to mitigate this bias so that health promotion programmes can be developed and adapted to address this.

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