

**Nazarbayev University**

**Master of Public Health**

**“University Students’ Use of Mental Health Services in Astana,  
Kazakhstan: A Qualitative Study”**

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by

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## Abstract

**Background.** Despite the growing mental health challenges on the part of university students in Kazakhstan, little is known about how they experience the offered on-campus counseling services. This qualitative study explores the factors that influence students' utilization of mental health services, their perceptions of accessibility and service quality, and their recommendations for improving support systems in higher education institutions.

**Methods.** In-depth semi-structured interviews were conducted with 11 students from 5 universities in Astana. Interviews were transcribed, de-identified and analyzed using thematic analysis approach.

**Results.** Seven key themes were identified, corresponding to personal, institutional, and cultural influences on help-seeking behavior. Findings indicate that facilitators of service use included convenient locations, digital scheduling, and visible promotion. However, structural barriers, such as delayed appointments, insufficient immediate care, and rigid service hours often discouraged engagement. Cultural stigma, language limitations, and gendered expectations further inhibited help-seeking, particularly among male students. Perceptions of service quality varied widely, with private university students reporting greater satisfaction compared to those at public institutions. Students emphasized the importance of counselor professionalism, empathy, and cultural competence.

**Conclusion.** Enhancing the visibility and accessibility of counseling services, improving counselor training, and promoting stigma reduction through culturally sensitive mental health education are recommended. These findings provide actionable insights for universities, policymakers, and practitioners aiming to improve student well-being in Kazakhstan.

**Key words.** mental health services, on-campus counselling, university students, Kazakhstan.

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## **CHAPTER 1. INTRODUCTION**

Mental health is one of the key aspects of well-being and it refers to a person's capability to handle stress, do productive work and be able to contribute meaningfully to the community (WHO, 2022). In a similar vein, university life represents the start of a transformational journey with an opportunity of building networks, pursuing academic goals and developing necessary life skills (Hunt and Eisenberg, 2009). In addition to academic growth, this also includes making independent decisions that affect various aspects of life, such as physical health, relationships, and, importantly, mental health. In navigating academic and social challenges, students frequently encounter unique mental health issues that require support of professionals, highlighting the importance of accessible mental health services because it can affect their well-being and future success.

This chapter aims to give a background for the study on student mental health services available to them at universities. The chapter will also explain the statement of the problem, followed by the purpose of the study and the research questions, and the significance and contributions of the study.

### **1.1 Background of the study**

University students face significant pressures that can affect their mental health, yet in Kazakhstan, the use of mental health services remains underexplored (Abzaliyeva et al., 2023; Kagarmanova, 2019). Cultural stigma around mental health is a considerable barrier that prevents many students from seeking help, as those challenges are often misunderstood or considered taboo (Hernández-Torrano et al., 2020; Kagarmanova & Collins, 2019).

Transition from adolescence to adulthood in higher education often worsened by poorly structured learning environments, academic pressure, social isolation, and other factors (Beiter et al., 2015). Therefore, existing research indicates that university students are a particularly

vulnerable group when it comes to mental health, highlighting the importance of on-campus services (Hunt & Eisenberg, 2010; Hernández-Torrano et al., 2020). Studies suggest that over 60% of students experience conditions like stress, anxiety, and depression, aligning with another research indicating that 35% of students globally experience diagnosable disorders showing the growing concern of the problem worldwide (Hunt et al., 2010; Lipson et al., 2022; Auerbach et al., 2018). Moreover, a study conducted at Nazarbayev University (NU) reported that 24.01% of students self-diagnosed with moderate, severe, or extreme depression, while 10.04% were diagnosed with clinical depression (Kagarmanova et al., 2019).

The study, utilizing data from the National Comorbidity Survey Replication, a nationally representative U.S. household survey of 9,282 adults aged 18 and older, found that approximately 75% of lifetime mental disorders have onset by age 24, making university students particularly vulnerable during this period (Kessler, 2005). The demands of university life - academic pressure, socializing, and life transitions - often contribute to mental health issues among students (Hernández-Torrano et al., 2020). Providing accessible and effective mental health counseling services on campus can help identify students experiencing psychological difficulties and enhance their overall well-being (Cuijpers et al., 2016).

Recent studies have revealed alarming rates of psychological distress among Kazakhstani students. For instance, a study involving 576 students from Astana and Aktobe found a significant negative correlation between achievement motivation and mental health, indicating that higher academic pressure may adversely affect students' psychological well-being (Yertukeshova G. et al., 2024). These findings underscore the urgent need for targeted mental health interventions in higher education institutions across the country.

Compounding these issues, Kazakhstan has one of the highest adolescent suicide rates globally. According to a 2020 UNICEF report, suicide is the leading cause of death among

individuals aged 15–19, with nearly 18 suicides per 100,000 adolescents highlighting the importance of early mental health intervention, youth-centered support systems, and stigma-free access to psychological services (UNICEF, 2020).

## **1.2 Problem statement**

While significant research has been conducted in Western contexts regarding university students' use of mental health services, focusing on factors such as stigma, accessibility, and awareness, these findings may not be directly applicable to Central Asian countries due to cultural, institutional, and social factors highlighting the gap in literature (Hernández-Torrano et al., 2020). Moreover, only a few studies about university students' use of mental health were found and primarily cross-sectional. This study seeks to address this gap by exploring the hands-on experience of university students on how they engage with available mental health services in Kazakhstan, identifying barriers and facilitators to access, and offering recommendations to improve support systems within higher education.

## **1.3 Purpose of the study and research questions**

Therefore, the **aim** of this study was to explore and understand the experiences of university students in Kazakhstan with mental health services provided at their higher education institutions (HEI), and examine the extent to which these services meet their needs.

The research questions were as following:

- 1) What factors influence students' utilization of mental health services on campus?
- 2) How do students perceive the accessibility and quality of available mental health support services?
- 3) What recommendations can be made to enhance mental health services based on students' feedback?

By exploring these questions, the study will contribute significantly to the existing literature on mental health issues among students in Kazakhstan and offer insights that could inform policymakers, educational institutions, and researchers in their efforts to enhance support for young adults.

#### **1.4 Significance and contributions of the study**

By analyzing students' unique experiences on using the counselling system, knowing the ways how mental health service is promoted, how accessible it is, and the quality of counselling the research findings may contribute to developing guidelines or policies that will help create a student-friendly mental health system in Kazakhstani universities. Moreover, the study contributes to filling the gap of research on student mental health in Kazakhstan, because existing studies mostly focus on Western or high-income countries, and therefore this research will provide context-specific insights into mental health service utilization and serve as a foundation for further research.

#### **1.5 Outline of the Study**

The six chapters in this Master's Research Thesis are Introduction, Literature review, Methodology, Findings, Discussion and Conclusion. Chapter 1 presents the problem statement, the purpose of the study, the questions sought in the study and potential policy implication of the study to key stakeholders and their significance. Chapter 2 reviews the literature. Review of literature Chapter 2 discusses some common student mental health and help seeking behaviors. First, it gives the global and local findings, which identify the gaps found in the research for the Kazakhstani context. The chapter concludes with strategies available to address issues of mental health services at HEIs in Kazakhstan. Chapter 3 provides the methodology details used for the study. A qualitative research design has been used with the data collected via in-depth semi-structured key informant interviews and analyzed using a thematic analysis

approach. The quality of the study was maintained based on the following criteria: credibility, dependability, and transferability. Ethical issues have been addressed, and ethics in accordance with NUSOM ethical guidelines were maintained. Chapter 4 has presented the major findings of the study, outlining the responses of the participants from the in-person interviews according to the research questions. In the following Chapter 5 the study findings that emerged during the data analysis process were discussed in relation to the literature that was relevant to the purpose of the study. The findings are discussed and their relevance to each research question of the study. In the final Chapter 6, there was a summary of the key findings addressing the research questions, acknowledgement of the limitations of this study, and policy and practice implications for the main stakeholders, commencing by laying out suggestions for further research.

## **1.6 Conclusion**

To sum up, this chapter has discussed the topic of the study and emphasized the importance of addressing mental health issues among university students in Kazakhstan. The goal of the study is to explore students' lived experiences with campus mental health services, identify barriers and facilitators to help-seeking, and provide context-specific recommendations for improving service accessibility and effectiveness. Addressing this research gap becomes imperative, as existing services may not meet the cultural, institutional, or psychological needs of Kazakhstani students. Therefore, the following chapters will further elaborate on the research context, supporting literature, methodological approach, empirical findings, and practical implications of the study.

## **CHAPTER 2. LITERATURE REVIEW**

### **2.1 Introduction**

A literature review was conducted to explore the current state of scientific evidence about the student mental health and services provided for them. This chapter is structured based on three primary research questions: 1) Factors influencing students' utilization of mental health services on campus; 2) Students' perceptions of accessibility and quality of available mental health support services; 3) Recommendations for enhancing mental health services based on student feedback.

Multiple information sources were utilized, including peer-reviewed journals, periodicals, and books available primarily through Nazarbayev University library. In addition, databases like Google Scholar, Academic Search Premier (EBSCO), and PubMed were used to conduct this literature review. The search words included: “mental health”, “university students”, “Kazakhstan”, “counselling”, “mental health services”, “mental health support”. The literature review was covered from November 2024- February 2025.

Mendeley Reference Manager facilitated literature review and citation management, the reference management tool. Articles were looked at in English, Russian and Kazakh languages during the search process.

### **2.2 Factors influencing students' utilization of mental health services**

Regarding the first research question, empirical studies have identified several factors affecting students' help-seeking behaviors, categorized into barriers and facilitators. It is known that research has found that mental health support is crucial yet there is a gap between what people think is necessary and what is actually obtained (Yuen et al., 2024). This section brings together multiple studies to synthesize insights with respect to barriers and facilitators that are related to students' help seeking behaviors.

Several studies have confirmed many barriers that could impede the use of psychological support among university students (Eisenberg et al. 2009, Federman 2010, Hunt et al. 2010, Cuijpers et al. 2016, Janota et al. 2022, Milanzi et al. 2023, King et al. 2024). Themes given were: help seeking behaviour and influencing factors, structural and practical barriers, stigma related barriers, awareness and knowledge gaps, sociodemographic factors and disparities in counseling services and institutional resources.

### ***2.2.1. Help-seeking behaviors and influencing factors***

According to Kagarmanova et al. (2019), there are a specific set of cultural, economic and educational factors that affect the mental health of university students in Kazakhstan. Catalysts for seeking help include academic and psychological distress, which are common, and are more common among students who experience high anxiety and depression, however only if services seem accessible (Duraku et al., 2023; McAfee et al., 2023). Recognizing the value of counseling, students were unable to seek help when necessary until crises occur, which contributed to the presence of a constant “treatment gap” (Janota et al., 2022; Duraku et al., 2023).

Cross-cultural comparisons reveal following patterns: Chinese students prefer four help-seeking strategies - self-reliance (e.g., gaming, exercise), peer/family support, e-consulting, and professional help (Ning et al., 2024). The rise of digital mental health tools expands the way students can receive support, but also concerns about anonymity, cost, and stigma (Johnson et al., 2024). While attitudes toward professional help are positive, low utilization rates persist globally, because of stigma and accessibility (Yuen et al., 2024). Therefore, students’ hesitations to choose between formal or informal options of support exist, and should be explored in a local context to offer tailored services that meet their needs.

### ***2.2.2. Structural and practical barriers***

Across different cultural contexts, research consistently identifies many barriers at the system that convey obstacles to students seeking access to mental health services. A key barrier is identified in that study conducted in Beirut among 420 university students, which included distrust in counseling quality, stigma, accessibility issues, and the lack of knowledge about available services (El-Hachem et al., 2023). These findings align with additional research highlighting time constraints, privacy concerns, and long wait times as major obstacles to service utilization (Cuijpers et al., 2016; Hunt et al., 2010). The situation appears particularly acute in Kazakhstan's university system. Structural challenges are evident due to a low ratio of psychologists to students, with some universities employing only one psychologist for thousands of students (Akhmetsadyk, Mynbayeva, & Kudaibergenova, 2023). This severe understaffing leads to delayed appointments and limited access to personalized care, creating a bottleneck in service provision.

Globally, university counseling centers face similar operational constraints. These centers, typically staffed by non-medical professionals, focus primarily on developmental support including adjustment difficulties, career counseling, and crisis management, rather than clinical treatment (Federman, 2010; Mitchell et al., 2019; Hernández-Torrano et al., 2020). Three key challenges emerge from the literature: 1) high demand results in brief treatment sessions (Federman, 2010) 2) premature discontinuation of therapy by students limits intervention effectiveness (Hatchett, 2004) 3) need for extended care, particularly for students with complex psychological needs (Trusty et al., 2024). While structural barriers are universal, their severity varies by region. Kazakhstan's challenges mirror global patterns but appear exacerbated by extreme staff shortages. This raises important questions about how resource allocation and service models might be optimized in different institutional contexts.

### ***2.2.3. Awareness and knowledge gaps***

Along with structural barriers, the literature consistently identifies awareness deficits as a major obstacle to mental health service utilization. Studies indicate that many students remain unaware of the psychological support systems provided by their universities, leading them to rely on informal support networks such as friends and family instead of professional help (Vasileva et al., 2022; Guenther et al., 2023; Udam et al., 2024). For instance, a study conducted in Almaty revealed that only a small percentage of students were aware of the psychological support services available on their campuses (Akhmetsadyk, Mynbayeva, & Kudaibergenova, 2023), highlighting the weak visibility and promotion of services. This local finding mirrors global trends where institutional mental health resources often remain underutilized.

Beyond basic awareness, mental health literacy emerges as a crucial factor. Mental health literacy, which refers to the knowledge and beliefs about mental health and mental health services, is another important factor influencing service utilization. Research demonstrates a clear divide: students with higher mental health literacy are more likely to seek help and have positive attitudes toward mental health services (Koutra et al., 2024). Conversely, low mental health literacy can lead to misconceptions about mental health issues and reluctance to seek professional assistance among students (Koutra et al., 2024).

### ***2.2.4. Stigma-related barriers***

A significant study involving 4,138 undergraduate students found that many students experience discomfort in sharing their mental health issues, with 73% reporting this as a barrier, while 50% lack knowledge about how to access help (King et al., 2024). These findings underscore the critical role of mental health literacy in facilitating help-seeking. Eisenberg et al. found that self-stigma was a significant deterrent to help-seeking among college students, particularly when compared to perceived stigma (Eisenberg et al., 2009).

However, cultural context creates important divergence: in the Kazakhstani context, stigma was emphasized as one of the main crucial barriers due to cultural norms (Hernández-Torrano et al., 2020). Where Western studies often focus on self-stigma, research in Kazakhstan highlights the collective dimension, many students fear being judged or labeled as "weak" by their community if they seek psychological assistance (Janota et al., 2022; Milanzi et al., 2023).

#### ***2.2.5. Sociodemographic factors***

Moreover, along with stigma, demographic variables such as gender, age, and sexual orientation significantly influence mental health service utilization (Seidler et al., 2016). Studies consistently show that female students are more likely to seek psychological assistance than their male counterparts, as they tend to be more open to discussing emotional challenges (Vasileva et al., 2022; Sojindamanee et al., 2023).

Conversely, male students often face societal expectations that discourage emotional vulnerability, leading to lower rates of help-seeking (Whitley, 2021). Addressing these gender disparities through gender-sensitive mental health initiatives may encourage male students to access support services.

#### **2.2.6. Disparities in counseling services and institutional resources**

The availability and quality of counseling services vary significantly across universities. One study reported that larger, well-funded institutions tend to offer more comprehensive mental health services, including individual counseling, group therapy, and crisis intervention (Hunt & Eisenberg, 2010). In contrast, smaller universities or those in low- and middle-income countries may offer limited services or rely on external providers. No studies systematically compare service models within Kazakhstan's diverse university system. While the correlation between funding and service comprehensiveness is well-established (Hunt & Eisenberg, 2010), few studies examine how students navigate these unequal systems,

particularly in Central Asia. Four key gaps stand out: 1) no systematic mapping of Kazakhstan's university service disparities exists; 2) research lacks evidence on minimum effective service standards for different institutional types; 3) the potential of hybrid (online/in-person) models in resource-constrained settings remains unexplored; and 4) student perspectives on quality variations are notably absent from current literature.

### **2.3. Students' perceptions of accessibility and quality of available mental health support services**

Students' perceptions of accessibility and quality significantly influence their engagement with mental health services. Research suggests that when students view services as readily available, flexible, and culturally sensitive, they are more likely to seek help (Alvarez-Hernandez et al., 2022; King et al., 2024). Conversely, institutional barriers such as long wait times, rigid service structures, and negative experiences with providers discourage utilization (Bennett et al., 2024; Ghaffar et al., 2024). This section explores how accessibility and perceived quality shape students' help-seeking behaviors.

#### **2.3.1 Perceived accessibility**

Higher perceived accessibility correlates with increased utilization of mental health services, as students who find support easily obtainable are more likely to seek professional help for psychological distress (Alvarez-Hernandez et al., 2022). However, several barriers limit accessibility, including lack of awareness about available services, uncertainty regarding how to seek help, and logistical challenges such as long wait times and limited service hours (King et al., 2024).

A study by King et al. (2024) found that students strongly prefer flexible service options, such as online booking, telehealth consultations, and extended service hours, as these factors improve accessibility. Similarly, another study emphasized that students who perceive

mental health resources as easily accessible are more likely to engage with counseling services (Alvarez-Hernandez et al., 2022). However, stigma remains a significant deterrent, with many students feeling uncomfortable seeking help due to concerns about judgment and confidentiality (McAndrew & Kathleen, 2012). This suggests a critical tension: even when services are technically accessible, psychosocial barriers like stigma can negate their availability.

Institutional limitations further restrict accessibility. It was found that some universities in Kazakhstan have only one psychologist for 3800 students, leading to long waitlists and limited access to personalized care (Akhmetsadyk, Mynbayeva, & Kudaibergenova, 2023). Conversely, this resource shortage in Kazakhstan echoes global trends but is particularly acute compared to Western benchmarks, where recommended counselor-to-student ratios typically range from 1:1,000 to 1:1,500 according to the International Association of Counseling Services (IACS, 2020). Similar findings have been reported in international contexts, where shortages of mental health professionals and high counselor-to-student ratios negatively impact accessibility (Ghaffar et al., 2024).

### **2.3.2 Perceived quality**

Perceived quality is a critical factor in students' willingness to engage with mental health services. Research suggests that students evaluate quality based on staff responsiveness, service effectiveness, cultural competence, and overall user experience (Bennett et al., 2024; Ghaffar et al., 2024). Positive experiences with mental health professionals foster trust and encourage continued utilization, whereas negative encounters, such as long wait times, ineffective counseling, or dismissive attitudes from staff discourage help-seeking behaviors (King et al., 2024).

A qualitative study by Bennett et al. (2024) found that students appreciate low-intensity, approachable mental health support options, such as well-being advisers who offer timely

guidance without the formality of clinical interventions. However, operational challenges including high demand, resource shortages, and data-sharing issues can compromise service quality, reducing student satisfaction (Bennett et al., 2024). This suggests that adaptability in service provision is essential for enhancing perceived quality. Similarly, Ghaffar et al. (2024) found that students who felt heard, respected, and understood during counseling sessions reported higher satisfaction and a greater likelihood of continued engagement with mental health services.

Cultural competence also plays a crucial role in perceived quality. Research highlights that students from diverse backgrounds may have unique expectations and concerns regarding mental health care. A lack of cultural sensitivity in counseling approaches can create barriers to engagement and reduce students' confidence in available services (Ghaffar et al., 2024). While studies consistently emphasize the importance of cultural competence, there is limited exploration of how specific cultural contexts influence perceptions of quality - a gap that future research must address.

It also argues that this service flexibility is important for enhancing perceived quality. King et al. (2024) discovered that students appreciate mental health services that give online or hybrid consultations, which allow overcoming scheduling difficulties and physical accessibility issues.

#### **2.4. Recommendations for enhancing mental health services based on student feedback**

Research suggests that universities can enhance mental health service utilization by addressing key barriers and aligning their services with student needs. Strategies such as increasing awareness, integrating telehealth, implementing early detection methods, and ensuring continuity of care have been identified as effective approaches.

### **2.4.1 Enhancing awareness and engagement**

Studies indicate that limited awareness and lack of engagement are major obstacles to help-seeking behaviors among students (MacDonald et al., 2022; King et al., 2024). Additionally, research suggests that universities can increase awareness by actively promoting services through social media, workshops, and campus-wide events. It was noted that providing incentives such as free or low-cost services, flexible hours, and online booking systems has been shown to improve accessibility and encourage help-seeking behaviors (King et al., 2024). However, there are missing links between the effective promotional approaches highlighted in Western literature and their actual usage by the local university students, as well as what students understand about awareness initiatives and how they would best respond to specific engagement methods in this specific cultural and institutional context.

### **2.4.2 Expanding telehealth services**

The growing demand for confidential and flexible mental health support has led many institutions to explore digital solutions. Research suggests that telehealth services can significantly reduce stigma and improve accessibility for students who might hesitate to seek in-person counseling (Smith et al., 2023). Universities that have adopted online counseling platforms report increased engagement and satisfaction among students.

### **2.4.3 Implementing early detection and preventive strategies**

Research also suggests that better mental health should be supported with the aim of ensuring early identification of mental health issues before they become a serious problem. Early detection of mental health concerns is an important thing in order to avoid long term psychological distress (Pedrelli et al., 2014; Cuijpers et al., 2016). Several universities have also started to impose mental health screenings during student orientation to have a baseline level of being well and to find at risk individuals (National Academies of Sciences,

Engineering, and Medicine, 2021). According to research (Major, 2019), these initiatives as well as peer-support programs and resilience building workshops may help with promoting the emotional well-being and promoting this help when needed. Despite this, the assuring aspect of screening for mental health issues is still surrounded with concerns pertaining to the possibility of overestimating (National Academies of Sciences, Engineering, and Medicine, 2021).

#### **2.4.4 Ensuring continuity of care**

Beyond early intervention, research suggests that continuous and easily accessible mental health support is essential for students' long-term well-being. Universities that integrate mentorship programs, peer-support groups, and streamlined referral systems report higher student engagement in mental health services (Alvarez-Hernandez et al., 2022). Additionally, collaboration between academic advisors, student affairs offices, and counseling centers has been found to create a more holistic approach to student well-being, ensuring that those in need receive appropriate care (Collier-Tenison & Polk-Hampton, 2024).

#### **2.6 Conclusion**

In conclusion, the literature reviewed implies that there is a need to better grasp how Kazakhstani students deal with mental health issues or attempt to cope with the existing opportunities, as the majority of studies have been undertaken in Western or the high-income countries (Hernández-Torrano et al., 2020). However, this lack of research that is locally relevant in the Kazakhstani context creates a gap in the literature that requires effort to be done in terms of mental health services and help seeking behaviors. There is further research to be conducted to understand what these factors are within cultural contexts and to develop targeted interventions.

In conclusion, tIn the next Chapter 3, there will be provided information on study methodology, particularly research design, research site, sampling, data collection, data analysis approaches.

## CHAPTER 3. METHODOLOGY

### 3.1 Introduction

This chapter describes the approach and methods used for the study. The chapter includes guiding conceptual framework, research design, research site, sampling, data collection, data analysis approaches, and thinking on ethical considerations and quality assurance. Each section outlines the reasons for selecting certain approaches and the corresponding procedure to execute.

#### 3.1.1 Guiding framework

**Figure 1. Modified Mental Health Intervention Spectrum adapted by Barry et al., (2019)**



The study was guided by the Modified Mental Health Intervention Spectrum (Figure 1), originally developed by Mrazek and Haggerty and later adapted by Barry (Mrazek & Haggerty, 1994; Barry et al., 2019). This framework categorizes mental health services into three phases—Prevention, Treatment, and Maintenance—and emphasizes essential domains such as Resilience, Supportive Environments, Empowerment, and Competence. These domains allow for a comprehensive assessment of students' experiences. For instance,

interview questions related to resilience probed into how students manage stress, while supportive environment questions explore the influence of campus resources and peer relationships. The framework provides a clear structure for interview questions, ensuring that responses align with critical areas and this approach helps identify gaps in services and areas for improvement.

### **3.2. Research design**

The design of the study was qualitative research. It is used to explore complex issues as it makes it possible for researchers to gain different interpretation, unique experience and point of view on a topic (Sofaer, 1999; Braun & Clarke, 2013). Unlike quantitative methods which are focused on measures and generalizing patterns across a large population, qualitative research provides depth in meanings, enabling a nuanced understanding of the social, cultural, and contextual factors that shape participants' behaviors and attitudes (Braun & Clarke, 2013).

Mental health issues being so sensitive need an approach that can pick up on emotional complexities and celebrate the personal stories that would go unnoticed in standardized questionnaires (Dickson-Swift et al., 2007). The flexible and open-ended nature of qualitative inquiry creates a safe space for participants to express their thoughts and feelings about mental health services without the constraints of predetermined response categories. Moreover, during literature review, no studies were found in Kazakhstan addressing the research questions of this study. Hence, the qualitative approach allowed for generation of new insights regarding the lived experiences of local students concerning the accessibility and quality of university mental health services and for suggesting possible recommendations for improvement of these services.

### **3.3. Participants and sampling**

Study participants were students from five universities located in Astana city that could share their own perspectives about the on-campus counseling system work and experience with them:

1. Undergraduate or graduate program students aged 18-24.
2. Represent a variety of academic years and majors.
3. Have experience or familiarity with mental health services, either through direct use or knowledge of their availability on campus.

A purposive sampling strategy based on certain selection criteria was used with the focus on diversifying participants according to universities, year of study, major, gender.

This type of sampling approach is selected because it is an attempt to obtain detailed needed information from the participants in order to study the issue in greater detail (Braun & Clarke, 2013) since we are not seeking for generalization from findings. Participants' recruitment started right after getting NUSOM IREC approval (15.01.2025) and was conducted over four weeks during late January- early February. Recruitment method was through the following channels: online invitations were posted in student group chats, social media platforms. Once participants expressed interest, the researcher contacted them to provide additional information about the research subject if needed and schedule interviews at a time convenient for them. Interviews were conducted both in person and virtually (via zoom platforms) to accommodate participants' preferences.

### **3.4. Setting**

The study was carried out with students from five different universities in Astana city. The capital city attracts a diverse student population with diverse socioeconomic backgrounds, ethnic groups, and geographical origins. It enables researchers to capture a wide spectrum of

perspectives on mental health services that might reflect regional variations in help-seeking behaviors, cultural attitudes toward mental health, and prior exposure to psychological support services. Moreover, the city's status as an administrative and political center also means that findings from research may have greater potential to influence national policy development. As educational institutions in the capital often serve as models for universities throughout the country, understanding mental health service provision in Astana creates opportunities for developing best practices that could be scaled nationally. Therefore, two private and three public universities were chosen to capture diverse students' experiences in terms of institutional characteristics to see whether disparities exist in service, availability, accessibility and utilization. Additionally, the selected universities vary in their specifications, including public and private institutions, as well as differences in their counseling structures and resource allocation. It allows participants to reflect on the broader experiences and challenges that young adults meet in higher education.

### **3.5. Data collection**

Data collected through individual semi-structured in-depth interviews with the duration lasting between 20 to 40 minutes. This data collection instrument was chosen to collect rich, detailed data and that would allow for a comprehensive understanding (Braun & Clarke, 2013) of mental health services on-campus utilization among students.

The interview questions consisting of 10 questions were developed based on a literature review of the topic and guided by the Modified Mental Health Intervention Spectrum. Before the main data collection, the interview questions were pilot tested. The interview guide consisted of seven parts: a) introductory questions about the background of the participants; b) mental health services overview; c) utilization of mental health services; d) accessibility and

quality; e) cultural and social influences f) supportive environments and improvements g) conclusion. See Appendix A for a copy of the full version interview guide in three languages.

Prior to interviews, verbal consent was obtained from each participant. Face to face interviews took place on campus private rooms at the Nazarbayev University School of Medicine. Additionally, zoom platform was used for online interviews. Data was audio recorded, transcribed word-to-word, and de-identified to protect participants' confidentiality.

### **3.6. Data analysis**

To uncover, interpret and report insights within the interview data, the transcripts were coded and examined using thematic analysis approach (Braun & Clarke, 2006).

The data analysis process involved following steps: 1) transcription - all interviews transcribed verbatim (word-for-word) to ensure accuracy and rigor; 2) codebook creation – the codebook developed iteratively during initial data familiarization, including a list of codes with definitions, example excerpts; 3) coding- raw data will be retrieved and categorized by codes with attention to unique insights; 4) theme development – codes were organized into broader themes and sub-themes that reflect the primary concerns and experiences of participants (Braun & Clarke, 2006).

### **3.7. Ethical considerations**

Ethical approval for this study was obtained from the NUSOM IREC committee on 15.01.2025, reference number: 2024Nov#12 (Appendix D). All procedures were conducted in accordance with the ethical standards outlined by the committee. Also, the researcher completed CITI (Collaborative Institutional Training Initiative) certification in research ethics and human subjects protection, ensuring adherence to international ethical standards.

Participants chose the venue based on their preference, with the researcher offering options to ensure the setting is convenient and conducive to open communication. Participants were alone with the researcher in-person (private room at NUSOM campus or cafeteria) and online meeting (Zoom).

Prior to participating, verbal informed consent (Appendix C) was obtained from all participants, as the research presents no more than minimal risk (e.g., possible mild emotional distress) to participants : 1) emphasizing that participation is voluntary and confidential, 2) informing the right to withdraw from the study at any point without penalty and 3) knowing potential risks and benefits of their involvement in the research. Participants were provided with information on how their interview data will be used, how it will be recorded, who will have access to the data, and whom they may contact regarding any questions or concerns. Additionally, interviewees were provided with contacts of university psychological support services in case they were needed.

All personal identifiers were removed from the data during transcription and were encoded (e.g., PM, graduate, public1); audio recordings containing interviews securely stored to maintain confidentiality of participants.

### **3.8. Quality**

Unlike quantitative studies which utilize the concept of validity to measure accuracy of findings, qualitative studies for ensuring its worth use the concept of trustworthiness (Stahl & King, 2020). Lincoln and Guba (1985) suggested the framework for evaluating trustworthiness with four criteria: credibility, transferability, dependability, and confirmability.

To ensure credibility peer-debriefing with the supervisor used to gain additional insights about the findings.

For transferability the researcher provided detailed descriptions of the participants and context.

In order to ensure confirmability, the researcher practiced reflexivity by documenting personal biases and assumptions, and own experiences about on-campus mental health services.

For dependability, codes were revisited and themes multiple times to ensure consistency.

### **3.9. Conclusion**

In this chapter, it described in detail how the Master's thesis methodology was conducted. The in-depth key informant offline and online interviews were used as data collection methods. Key stakeholder group was interviewed to help explore the university mental health counseling centers' situation in Kazakhstan through insights from students with diverse backgrounds. According to the thematic analysis approach, the study was transcribed, coded, and analysed. On the basis of credibility, dependability, confirmability, and transferability the quality of the study was maintained. The ethical issues as well as the ethical principles of NUSOM ethical guidelines were maintained.

## CHAPTER 4. RESULTS

### 4.0. Introduction

The purpose of this research was to explore and understand university students' experiences with mental health services and counseling. The study aimed to (1) identify the factors influencing students' use of mental health services, (2) assess their perceptions of the accessibility and quality of available support, and (3) provide recommendations for improving these services based on participants' feedback. Through careful analysis of participant responses, the researcher gained valuable insights into the challenges and opportunities related to mental health support in university settings.

In the present study, the qualitative research design was employed, where the data was collected using in-depth semi-structured key informant offline and virtual interviews. Interviews were transcribed and analyzed using thematic analysis approach where themes were determined in relation to research questions:

- 1) What factors influence students' utilization of mental health services on campus?
- 2) How do students perceive the accessibility and quality of available mental health support services?
- 3) What recommendations can be made to enhance mental health services based on students' feedback?

Between January 2025 and March 2025, eleven university students were interviewed. The detailed description of participants is in Table 1.

**Table 1. Study participants' characteristics**

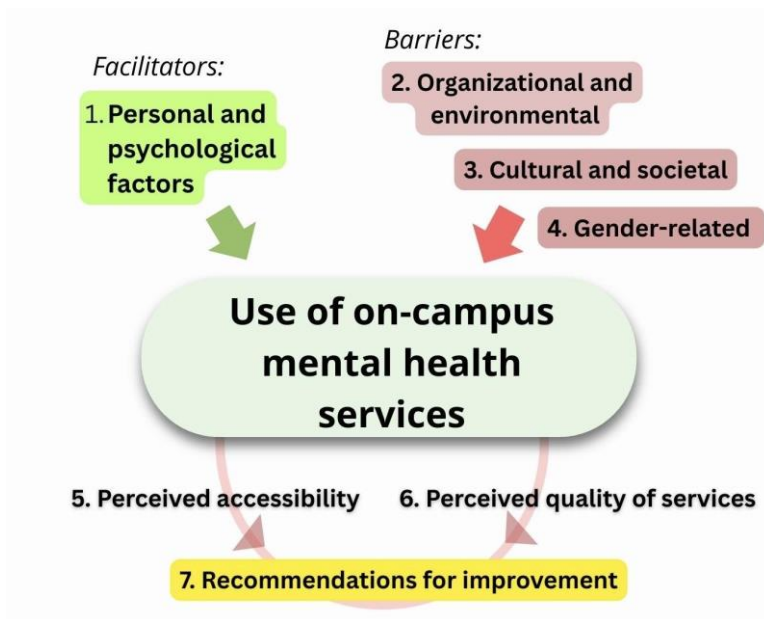
<b>Variable</b>		<b>N</b>	<b>%</b>
<i>Gender</i>	Female	8	72.7
	Male	3	27.0
<i>Year of Study</i>	Freshman (1 year)	1	9.0
	Sophomore (2 year)	3	27.0
	Junior (3 year)	3	27.0
	Graduate (4 year)	4	36.0
<i>Institution Type</i>	Private	6	54.5
	Public	5	45.5

#### **4.1. Identified themes**

Seven themes were identified during data analysis (Figure 2). Detailed description of codebook can be found in Appendix B. The findings are presented in terms of following organizing themes corresponding with research questions: RQ1: 1) personal and psychological factors; 2) organizational and environmental factors 3) cultural and societal factors; 4) gender-related barriers; RQ2: 5) perceived accessibility; 6) perceived quality of services; RQ3: 7) recommendations for improvement.

Participants were coded for anonymity using identifiers such as PW (Participant Woman) or PM (Participant Man), followed by their university type (e.g., private or public). The codes are used throughout the findings to provide context for participant quotes.

**Figure 2. Diagram of identified themes**



#### **4.1.1. Personal and psychological factors**

Students acknowledged the awareness of personal psychological issues as the factor facilitating help seeking behavior. Some participants described experiencing emotional and academic difficulties, as well as challenges adapting to university life, that led them to seek support.

*“I thought it’s hard for me. I left my comfort zone...I developed psychological issues—self-perception, social difficulties...I thought about calling, but there was no connection, which put me in an uncertain situation.” - [PW1, graduate, private 1]*

*“My grades became very bad... my sleep was disrupted... You're far from home, existing on your own” - [PW3, junior, private 1]*

*"We are always under a lot of stress and tension... I can feel that I am burning out." - [PW5, senior, public3]*

Beyond addressing immediate mental health challenges, a few students were looking for professional support for self-discovery, personal growth, and improving their communication skills.

*"I sought support for personal growth. I just wanted to discover my inner secrets and understand myself as a person." - [PW8, junior, public2]*

*"I had difficulties interacting with society. In our academic environment, social interaction is essential, and this created challenges for me, which is why I decided to seek help." [PM9, graduate, public1]*

In sum, personal and psychological reasons with various intentions play a crucial role in motivating students to perceive professional psychological help. This shows the importance of recognizing and addressing these factors in university settings to encourage help-seeking behavior.

#### **4.1.2. Organizational and environmental factors**

##### ***a) Ease of access and appointment system***

Some students emphasized the ease of access to support and a user-friendly appointment system. The presence of multiple contact options - such as WhatsApp, hotlines, and informational posters- improved accessibility and encouragement to seek help.

*“You can just write to WhatsApp or call, and you can just come at any time...” - [PM2, sophomore, public 1]*

*“... Well, I know that they are available, that there is some kind of hotline, that it is free, you can make an appointment” - [PW4, sophomore, private1]*

Also, the majority of participants highlighted the convenient location of mental health services near dormitories as an important factor for improving access to the counseling services. The physical proximity of the consulting office made accessing support easier.

*“Our university is well structured, easy access... you can get help quickly.” - [PW1, graduate, private 1]*

*“ We have psychological support at the university... it is located not far from the dormitory, very convenient.” - [PM9, graduate, public 1]*

However, one participant mentioned that making a phone call can be a barrier for some students. For example, one junior student from a private university noted that she postponed the appointment because she had to call and talk. This illustrates the importance of differentiating the ways of making appointments, e.g., via telegram chats.

*“You have to call to make an appointment... because of that, I spent a year going without signing up.” - [PW3, junior, private1]*

Notably, for the majority of students the ease of appointment system through phone calls or digitalized option via telegram or whatsapp chats and the location near dormitories served as a facilitator of seeking on-campus mental health support. However, some students may feel uncomfortable or insecure making phone calls and it can slow down the process of making appointments.

***b) Lack of immediate appointments***

While mental health support is available on campus, sometimes students should wait for a response from the call center or for an appointed date. So, the problem can be outdated or worsened until that time, pushing some students to receive paid psychological help from psychological services off-campus. One sophomore student from a private university mentioned that the absence of an urgent consultation motivated them to seek help elsewhere:

*"At university, they signed me up for a certain date; there was no urgent appointment. I think I first contacted a private one, because she was ready to accept me earlier than on campus." [PW4, sophomore, private1]*

Another student supported the idea that the delay can make the problem irrelevant until the time of appointment.

*"Since in any case the next appointment will be in a month, I don't see any point in contacting a psychologist with an outdated problem." [PW6, junior, private2]*

***c) Language Barriers***

Moreover, a few participants highlighted language barriers as an obstacle to accessing professional counseling. Some participants pointed out that not all Kazakhstani students are

bilingual, and international students who do not speak Russian or Kazakh may struggle to receive support.

*“There is a problem with students who mostly use, for example, Kazakh, Russian. They do not know, and mixing of languages goes. ” [PW1, graduate, private1]*

One sophomore student mentioned the lack of Kazakh or English speaking professionals.

*“We had one or two Kazakh speaking specialists, the rest were limited to Russian, so I understand that specialists in Astana can only be specialists in the Russian language, but we have Chinese Kazakhs and foreign students. No one can say for sure whether specialists know English or not. Those who know Russian have more chances to get help.” - [PM11, sophomore, private1]*

Findings illustrate the importance of diversifying multilingual consultation options as some students may struggle expressing their feelings in the language offered by the service. Therefore, offering various language counseling ensures inclusivity and effectiveness of mental health support.

#### ***d) Differences in mental health support provision between private & public HEIs***

Only one participant mentioned differences in psychological support between private and public universities. A student explicitly mentioned that private universities often invest more effort into providing robust mental health programs rather than public ones. While this was a rare perspective, the researcher found it noteworthy and indirect evidence from other participants aligns with this observation. Several participants shared experiences that suggested

disparities in the visibility, accessibility, and effectiveness of mental health services across institutions.

*"Our [private university1] puts in more effort in this area compared to public universities. Universities should take [private university1] as an example, though I am not saying that our university has reached its full potential...." - [PW1, graduate, private1]*

Students from *private* universities noted well-promoted services, active mental health initiatives and better infrastructure.

*"In every restroom there are posters saying: 'If you have problems... You can call anytime'" - [PW1, graduate, private1]*

*"We have a Mental Health organization that actively holds different trainings, workshops and meetings" [PW7, junior, private2]*

*"The interior and everything in our university have a very positive influence. Unlike other universities, we have a modern interior, all the necessary infrastructure, and plenty of spaces where you can interact with people. There are also places where you can be alone." - [PW4, sophomore, private1]*

In contrast, the majority of *public* university students reported limited visibility of mental health services and a lack of student-friendly infrastructure.

*"I studied for four years and never knew we had psychologists... Only saw posters in the dormitory" - [PM9, graduate, public1]*

*"There isn't even a cafeteria in our buildings, let alone psychological support" - [PW5, senior, public3]*

Students' observations give valuable insights into the disparity between private and public universities' mental health services qualities. For example, public universities appear to have weak promotion and awareness campaigns on campus, as well as infrastructure that does not support student well-being. In contrast, private university students encounter mental health information more regularly in their daily environment and are aware of where to turn in case of an emergency.

#### **4.1.3. Cultural and societal factors**

The majority of students shared some stereotypical ideas and stigma perceived by their relatives, peers, and overall cultural views on mental health services. The poor understanding of terms like psychology, psychotherapy, therapy led to misunderstanding of the importance of such services. Common stereotypes frequently linked to mental health care with taboo topics, mental illness and even "craziness".

*"People from rural areas still believe psychologists are only for mentally ill." - [PM2, sophomore, public1]*

*"I don't think our society is ready to accept it yet. Not psychological services, they wouldn't even be prepared to respect the personal boundaries of other personalities..."*

*"You couldn't handle your own problems, and what's so bad? Are you weak? ..." That's a kind of criticism, so it's very critical in our society." - [PW5, senior, public3]*

*"If you say you're seeing a psychologist, people will say, 'What, are you crazy?'" - [PM9, graduate, public1]*

Some students mentioned that their families have concerns about stigma and misunderstanding of psychological services. For example, a junior student from a private university shared her mother's fear that she could be hospitalized or put on the registrar as mentally ill.

*"At first, she [the mother] thought: 'What if they put you on the register there?'. She thought it was something unserious, even the very word stress and depression was not perceived there as a real, existing thing." - [PW3, junior, private1]*

Another student emphasized the widespread lack of awareness among elderly regarding psychological support.

*"The older generation doesn't recognize psychologists at all. For them, it's 'only for psychos.'" - [PM11, sophomore, private1]*

Findings suggest that the cultural context of Kazakhstani realm and societal factors act mostly as a significant barrier for seeking psychological help because of widespread stigma and negative associations of older generations about mental health.

#### **4.1.4. Gender-related barriers**

Moreover, participants noted that males are reluctant to seek help due to masculine norms and cultural peculiarities. Some students exemplified common stereotypes such as the belief that men should suppress their emotions and avoid showing vulnerability, which makes it difficult for them to seek external support.

*"It's taboo among guys; they delay asking for help simply because "I'm a man"."* - [PW3, junior, private1]

One sophomore student highlighted the difficulty of sharing emotions for men even within close relationships, making it even more challenging to seek help from external mental health professionals.

*"[...] men in general are forced to have their emotions there. There is a slogan that you have to be strong and so on..it is difficult to share problems, even with close people, let alone external specialists."* - [PW4, sophomore, private1]

#### **4.1.5. Perceived accessibility**

Experiences varied widely — some students found services easy to access, while others struggled.

##### ***a) Positive accessibility experiences***

Approximately half of the participants acknowledged the free access of on-campus mental health services, the ease of prior appointment scheduling. For example, a graduate

student from a private university explicitly noted that free consultation is available in case of urgent situations and moreover, there is an option to change the counselor if needed.

*"You can call a psychologist for urgent support, and there is also a psychologist's office where you can schedule an appointment in advance. It's free...Students have the option to switch their psychologist." - [PW1, graduate, private1]*

***b) Negative experiences due to system inefficiencies***

Conversely, the remaining participants reported frustration with administrative inefficiencies in accessing mental health services, particularly due to long wait times and complicated scheduling processes.

*"The next appointment will be in a month; the problem will become outdated by then." - [PW6, junior, private2]*

Moreover, some students found the working hours of psychological services inconvenient, as they often overlapped with their academic schedule, limiting their ability to seek support. The lack of evening or weekend availability was particularly challenging for those with full study loads.

*"The working hours are from Monday to Friday, 9 AM to 6 PM, but our classes usually end around 6 PM...we can't visit a psychologist during our free time." - [PW5, senior, public3]*

These findings highlight both the strengths and shortcomings of current mental health service delivery across universities, pointing to the need for more responsive and flexible systems.

#### **4.1.6. Perceived quality of services**

##### ***a) Concerns regarding professionalism and competence***

Few participants questioned professionalism and expertise of campus counselors, expressing doubts about their qualifications and effectiveness of provided support. Additionally, some students expressed concerns about the transparency of psychological support services, with some students feeling uninformed about the methods being used.

*"I'm not sure the woman was really a psychologist... I wasn't 100% sure she knew what she was doing." - [PW4, sophomore, private1]*

*"He asked, "What's your problem?" after I shared everything; it mixed sadness with anger." - [PM2, sophomore, public1]*

*"They didn't specify what approach they were using...there was a lack of information"*  
*- [PM9, graduate, public1]*

##### ***b) Mixed experiences of psychological support***

Students shared varied experiences of perceiving professional help on campus. The half of students who engaged with mental health help reported positive experience, emphasizing

the supportive nature of face-to-face sessions and group workshops highlighting the importance of creating a comfortable environment where students felt encouraged to speak up.

*"My psychologist was professional and supportive; I could trust her." - [PW3, junior, private1]*

*"Our session was very good. I stated my issue, and they clearly conveyed their ideas, explaining the possible solutions and how to address the problem." [PM11, sophomore, private1]*

*"They created an environment where it didn't feel like an official meeting but more like an informal gathering, allowing everyone to feel at ease... Everyone could freely express themselves. Even those who were slightly socially anxious or introverted..." - [PW10, freshman, public2]*

In contrast, some students questioned the expertise of counselors, expressing doubts about the effectiveness of therapeutic techniques and their applicability to individual concerns. One participant found the prescribed method too simplistic for their situation, and another struggled to grasp the purpose of a specific technique, highlighting a lack of clear explanation or meaningful outcomes.

*"The techniques felt vague; after all I shared, I got a simple meditation exercise." [PW4, sophomore, private1]*

*"There was some technique with cards... But honestly, I didn't understand it. I didn't draw any conclusions from it." [PM2, sophomore, public1]*

These findings show that professionalism of counselors play a vital role in shaping students' attitudes toward mental health services. Concerns about counselor competence and transparency may discourage help-seeking behavior and reduce the overall effectiveness and utilization of mental health services among students.

**c) *Brief sessions***

Some students found that the strict one-hour duration and limited number of sessions hindered their ability to fully engage in meaningful discussions. One participant expressed frustration that the time constraints often disrupted the flow of conversation, particularly when deeper issues began to surface.

*"There are limits on visiting a psychologist... strictly limited sessions to one hour, even interrupting when deeper conversations began...within this time, you are expected to share all your problems, receive feedback, and try to resolve the issue. This rigid time constraint made it difficult to open up, and by the time I felt comfortable, the session would end."* [PM11, sophomore, private1]

**4.1.7. Recommendations for improving campus mental health services**

**a) *Increasing awareness and visibility***

The majority of students emphasized the need for broader promotion of mental health services across campus to ensure all students, not just those in dormitories, are informed. One sophomore student from a public university explicitly noted that he did not encounter mental health campaigns on campus, but only in the dormitory.

*"I would never have known if I didn't live in a dorm."* - [PM2, sophomore, public1]

Additionally, several participants noted that organizing regular workshops and seminars could help reduce stigma and encourage students to seek help. One freshman student even highlighted that such activities can foster open communication and empower students to speak up, even if they initially feel embarrassed.

*"Workshops or stress-relief weeks can encourage students to share openly." - [PW3, junior, private1]*

*"Every week some mental workshops help to unite classmates, new acquaintances, not everyone talks about it, because everyone is embarrassed. But this, on the contrary, will help students to open up even more in a positive way." - [PW10, freshman, public2]*

Students suggested raising awareness and promotion of mental health services across campus. They emphasized the value of conducting activities like workshops as these efforts could foster mental health literacy and encourage help-seeking behaviors among students.

#### **b) Improving service accessibility**

To simplify the appointment process, few students suggested digital solutions such as chatbots or apps for scheduling.

*"It would be better to use a bot or app for appointments." - [PW4, sophomore, private1]*

Furthermore, a graduate student noted that including psychological screening intervention during admission processes could help identify and address students' mental health needs early on.

*"Psychological screening at admission could minimize students' psychological problems." - [PW1, graduate, private1]*

Service accessibility could benefit from diversifying methods of making appointments, especially using digital tools and by implementing early screening strategies to proactively address students' mental health needs.

**c) Extending working hours**

Several students highlighted that limited service hours prevented many from accessing support when it is needed, as their study schedules often conflicted with available appointment times. They emphasized the need to extend working hours of mental health services, so they could timely access psychological help.

*"The psychologist is available only from 9 am to 6 pm. If they worked longer, more students with busy schedules could book appointments." - [PW10, freshman, public2]*

**d) Enhancing professional competence and transparency**

A number of interviewees highlighted the importance of well-trained counselors and better transparency regarding their qualifications. One graduate student from a private university suggested having detailed information about counselors and their certifications to maintain high professional standards.

*"We should have more information about counselors' backgrounds and certifications."*  
*- [PW1, graduate, private1]*

#### **e) Addressing Language and Cultural Diversity**

To accommodate effective communication with students with diverse linguistic backgrounds, a few participants recommended offering multilingual psychological support. A graduate student from a private university noted that understanding is the key for effective communication between students and professionals.

*"Understanding each other is essential; otherwise, conversations are useless." - [PW1, graduate, private1]*

#### **4.4 Conclusion**

The current chapter has presented the core findings of the study, outlining the responses of the participants from the in-person interviews. Guided by three research objectives, the study identified critical influences on service usage, evaluated student perceptions of availability and effectiveness, and compiled actionable suggestions for enhancement influencing the students seeking mental help at universities in Kazakhstan.

Results indicated that individual stressors (such as academic pressure or adjustment difficulties) and institutional limitations (including bureaucratic hurdles and language barriers) play pivotal roles in whether students seek help. Experiences varied widely: some found services responsive and helpful, while others criticized delayed appointments, questionable counselor expertise, and societal taboos, especially concerning male students. One participant highlighted a disparity between private universities, which often offered robust mental health programs, and public institutions, where resources were less visible or accessible. The observation was supported by experiences of students across these types of universities.

To bridge these gaps, students proposed concrete solutions aimed at improving mental health support services. They emphasized the need for awareness campaigns and stigma reduction initiatives to foster a more open culture around mental health among students. Enhancing counselor training and increasing transparency about their qualifications were highlighted as key steps to build trust in these services. Students also called for practical improvements such as flexible scheduling options and digital appointment systems to make support more accessible. Additionally, they recommended offering multilingual counseling to better serve diverse student populations and integrating mental health education into university orientation programs. These comprehensive recommendations underscore the pressing need to reform current practices, ensuring mental health services effectively meet the varied needs of students across Kazakhstan's higher education system.

In the next chapter these findings will be discussed.

## CHAPTER 5. DISCUSSION

The previous chapter presented the key findings from the in-depth interviews with the participants of the study. This chapter discusses the qualitative findings on university students' use of campus mental health services in Kazakhstan, organized by the study's three research questions. The results are interpreted in light of existing literature and the local context, with attention to implications for policy and practice. Overall, the themes identified: personal, organizational, cultural, and gender-related factors influencing service use; perceptions of service accessibility and quality; and student recommendations for improvement are consistent with broader research on student mental health, while also reflecting unique aspects of the Kazakhstani context.

### 5.1 Factors influencing students' utilization of mental health services (RQ1)

This section discusses the findings related to the first research question: *What factors influence students' utilization of mental health services on campus?* As a result, several key facilitators and barriers were unveiled.

Being aware of personal psychological state and experiencing distress often resulting from academic and emotional pressure (e.g. anxiety, burnout, etc), physical health symptoms (e.g. sleep disturbance), or overall challenges associated with transitioning to university life were found to facilitate students' help-seeking behaviors. For many, the decision to seek counseling was not only driven by crisis but also by a proactive interest in personal growth, self-discovery, and emotional regulation. Several participants described using counseling as a tool for improving communication skills or understanding their internal struggles more deeply. This aligns with previous research highlighting similar patterns of help-seeking among students (Beiter et al., 2015; Auerbach et al., 2018; Duraku et al., 2023; McAfee et al., 2023; Cuijpers et al., 2016; Alvarez-Hernandez et al., 2022). However, despite the high prevalence of

psychological distress, actual utilization of services often remains low due to barriers such as stigma, logistical challenges, and poor mental health literacy (King et al., 2024; Eisenberg et al., 2009; Hernández-Torrano et al., 2020). One student shared that they avoided help for a year simply because the only option was to call by phone, a method they were uncomfortable with. Others expressed uncertainty about where to go or how to start the process, suggesting persistent gaps in mental health literacy and awareness across campuses.

In terms of organizational and environmental factors, it was found that university students underwent mixed experiences and perceived different levels of accessibility in mental health services. The majority of students noted the ease of scheduling appointments, highlighting the availability of user-friendly methods such as booking via Telegram, WhatsApp, or phone calls. Additionally, visible promotional activities (e.g., posters, workshops, and awareness campaigns) and the convenient location of counseling centers often situated near dormitories or frequently visited campus buildings were identified as supportive factors. These findings align with prior research emphasizing that convenience, visibility, and digital accessibility significantly enhance students' willingness to engage with psychological support services (Cuijpers et al., 2016; King et al., 2024; Alvarez-Hernandez et al., 2022). These findings are especially significant as they can give further direction for enhancing mental health services regarding existing problems that students share.

However, such facilitators were often co-present with significant organizational barriers. Multiple students responded to challenges, including long wait times for appointments, inadequate availability of urgent care and inflexible service hours that clashed with academic schedules. Some students in turn relied on external paid services for counseling while campus counseling was unavailable. Additionally, similar such obstacles have been documented in the literature as, for example, delayed service delivery, staffing shortage, and poor administrative system all negatively affected help seeking behaviors or overall trust in

university mental health support (Hernández-Torrano et al., 2020; Ghaffar et al., 2024; Akhmetsadyk, Mynbayeva, & Kudaibergenova, 2023). Along with that, the use of the outdated appointment system, such as phone calls discouraged students to reach out and vice versa; this also found support in the previous literature that noted that systems need to be efficient in order to foster help seeking behaviors (Trusty et al., 2024). In the Kazakhstani context, the concept of mental health support is not widely accepted due to stigma, structural or organizational barriers. These findings give a valuable insight on what specific factors should be considered to bridge the gap in perceived quality and access.

Importantly, this study is among the first to document stark differences in mental health support in terms of visibility, infrastructure, and responsiveness between private and public universities in Kazakhstan, a critical gap in the Central Asian literature. Students from private institutions frequently described their universities as having a well-promoted mental health ecosystem including digital platforms for easy appointment booking, psychological awareness campaigns, and aesthetically supportive environments (e.g., calm spaces, student lounges). Some private universities were reported to offer dedicated mental health organizations and host regular workshops or stress-relief weeks. In contrast, the majority of students from public universities described minimal visibility of services, lack of informational outreach, and in some cases, total unawareness of the presence of on-campus psychologists. Infrastructure was also cited as a limitation, with some participants highlighting the absence of basic student-friendly facilities such as cafeterias or quiet spaces, which may indirectly affect mental well-being. These differences suggest an imbalance in institutional investment and resource allocation between public and private higher education institutions in Kazakhstan. Such disparities reinforce the importance of equitable policy development and funding mechanisms to ensure standardized access to mental health support across all universities. Without addressing these institutional gaps, students in under-resourced public institutions may remain

underserved. While prior research has highlighted institutional resource disparities globally (Hunt & Eisenberg, 2010), this study reveals how these inequities manifest in Kazakhstan's educational landscape.

Additionally, profound cultural and societal influences, particularly stigma associated with psychological help-seeking, were significant barriers. The analysis underscored that traditional cultural attitudes toward mental health, often reinforced by family and community norms, created hesitancy and shame around service utilization. Many students expressed fear of judgment, shame, or reluctance to appear “weak,” particularly among those from rural areas or traditional family settings. These findings support existing research which shows that stigma both perceived and internalized remains one of the most significant deterrents to mental health service utilization (Eisenberg et al., 2009; Hernández-Torrano et al., 2020). In Kazakhstan, societal misunderstanding of mental health conditions and therapy, especially among older generations, continues to create an environment where students are discouraged from openly addressing psychological concerns (Milanzi et al., 2023; Janota et al., 2022). Cultural and societal barriers play a vital role in determining whether students receive psychological support. The study revealed that the problem exists and it can significantly affect students' behaviors, highlighting an urgent need for culturally tailored interventions to reduce stigma and popularize mental health services.

Interestingly, gender-specific barriers were strong, especially societal pressure discouraging male students from actively pursuing help for mental health. Participants explained how cultural norms helped compel men to repress their feelings so they could not be vulnerable. Accordingly, this coincides with research indicating that in general males are less likely to seek psychological support because of masculinity norms (Seidler et al., 2016; Whitley, 2021; Vasileva et al., 2022).

Language was another less frequently discussed but important one. There was psychological support available in most of the other panels, but only in Russian, so it was inaccessible for those who speak Kazakh or are international students. These concerns mirror those made by Ghaffar et al. (2024) and King et al. (2024) and the call for culturally and linguistically competent services. As a multicultural and multilingual context in Kazakhstan, support in students' preferred languages is an important matter because of the possibility of disengagement and unequal access.

## **5.2. Students' perceptions of accessibility and quality of mental health services (RQ2)**

This section discusses findings related to the second research question: *How do students perceive the accessibility and quality of available mental health support services?*

### **5.2.1 Perceived accessibility**

Students generally perceived mental health services as physically accessible due to their convenient campus location and the availability of digital scheduling options. These elements were appreciated by those who found booking through messaging platforms and accessing services near dormitories to be straightforward and user-friendly. This aligns with existing literature emphasizing the importance of logistical ease, flexible service options, and proximity in encouraging students to engage with psychological support (Alvarez-Hernandez et al., 2022; King et al., 2024).

While these benefits were obtained, negative experiences with the administrative inefficiencies, in particular long waiting periods, lack of working hours and immediate access to care were often outweighing. Some students reported that the length of time it would take to get an appointment would often render their psychological concerns dated by the time that support was available. Similar results are reported by Ghaffar et al. (2024), pointing out that

institutional constraints like understaffing and constricted schedules obstruct the theory application of the perceived usefulness of college mental health support.

Regarding perceived service quality, students expressed mixed evaluations. On one hand, some reported highly positive interactions with counselors, describing them as professional, empathetic, and capable of creating a safe and trusting therapeutic environment. These experiences mirror findings by Bennett et al. (2024), who emphasized that warmth, empathy, and cultural sensitivity in counselors are critical for student engagement and satisfaction.

Conversely, other students questioned the competence of their counselors, citing interactions that felt superficial or confusing. In some cases, students were unsure of the counselor's qualifications or the rationale behind specific techniques, which led to discomfort and reduced trust in the process. These concerns align with prior studies that underscore the negative impact of unclear therapeutic approaches and perceived lack of expertise on the continuity of care (Yorgason et al., 2008; Ghaffar et al., 2024).

### **5.3. Student recommendations for improving mental health services (RQ3)**

This section addresses the third research question: *What recommendations can be made to enhance mental health services based on students' feedback?*

#### **5.3.1 Increasing awareness and visibility**

A recurring recommendation was the need for increased promotion of psychological services on campus. Students suggested greater visibility through orientation programs, posters in academic buildings, and social media campaigns. This aligns with findings from MacDonald et al. (2022) and King et al. (2024), who argue that proactive outreach efforts are crucial in improving mental health literacy and reducing stigma.

In Kazakhstan, where stigma and lack of mental health awareness persist (Hernández-Torrano et al., 2020), awareness campaigns can also help normalize help-seeking behavior and psychological services. Participants emphasized that services should be visible to all students, not only those living in dormitories.

### **5.3.2 Improving accessibility**

Students recommended a digital appointment platform consisting of chatbots or mobile apps which simplifies the process of booking appointments. However, these digital tools can help overcome logistics difficulties with provision of anonymous, fast and flexible support, which in combination with other work (Johnson et al. 2024, Smith et al. 2023), can support the approach.

Furthermore, they also advocated for extended working hours to include those with full academic schedules that were suggested by Ghaffar et al. (2024). Also, several other participants suggested screening prospective students for risk at the point of admission, a measure that is aligned with Pedrelli et al. (2014) and the National Academies of Sciences, Engineering, and Medicine (2021).

### **5.3.3 Enhancing counselor competence and transparency**

Fear about counselor training and the extension of communication prompted a calling for more openness about who the counselors are, and what types of therapy they offer. It is also suggested that counselors should be given regular professional development and certification because high standards of care are reflected in Bennett et al. (2024) and Trusty et al. (2024), who suggested that counselor competence contributes directly to the outcomes of the treatment and the trust that students have.

### **5.3.4 Promoting inclusivity and multilingual services**

Finally, students suggested it is necessary to provide multilingual services (Kazakh, Russian and English) for inclusivity and to meet the linguistic diversity of the population of Kazakhstan's students. Ghaffar et al. (2024) are in sympathy with this recommendation by stressing the need for cultural and linguistic sensitivity to enhance service effectiveness and trustworthiness. The study provided valuable insight into how language can act as a barrier to help-seeking behaviors. However, there is a gap in the literature explicitly examining linguistic constraints in accessing mental health support in Kazakhstan, which should be addressed in future research.

### **5.5 Conclusion**

Finally, based on the findings of this study, it offers meaningful contributions to understanding the factors influencing the utilization of mental health services among university students in Kazakhstan. Students are well aware of how important mental well-being is but they encounter some barriers such as stigma, structural barriers to mental well-being in their institution.

Closely bound to perceptions of accessibility and quality is logistical efficiency, counselor competence and the cultural sensitivity of services. Students also wanted more digital access, as well as more awareness and inclusive mental health support.

This study amplifies students to help deepen understanding of those aspects of higher education life in Kazakhstan that work and that need changing. By taking a student-centered, stigma free, and inclusive approach to mental health problems, mental health problems in young adults experiencing the pressures of their university life can not only enhance academic success but also long term well-being.

## CHAPTER 6. CONCLUSION

### 6.1 Introduction

The purpose of this study was to explore how university students in Kazakhstan perceive, access, and engage with mental health services on campus. It aimed to identify the key factors that influence help-seeking behaviors of students, assess perceived accessibility and quality of services, and gather student-driven recommendations for improving mental health support in higher education settings.

In the present study, the qualitative research design was employed, where the data was collected using in-depth semi-structured interviews and transcribed using thematic analysis approach (Braun & Clarke, 2013). Findings were presented in Chapter 4 and discussed in Chapter 5 based on the literature review outlined in Chapter 2.

This chapter presents a summary of the key findings that provide answers to the research questions, acknowledges the limitations of this study, identifies implications for the main stakeholders and gives suggestions for further research.

The study was guided by the following research questions:

1. What factors influence students' utilization of mental health services on campus?
2. How do students perceive the accessibility and quality of available mental health support services?
3. What recommendations can be made to enhance mental health services based on students' feedback?

Following is a summary of study findings and public health implications.

## **6.2 Study findings summary**

The study revealed that students' decisions to seek mental health support were influenced by both internal and external factors. Internal factors included psychological distress (e.g., anxiety, burnout, sleep disruption), a desire for personal growth, and increasing self-awareness. Students who viewed counseling as a tool for self-regulation and emotional development were more likely to engage with services.

Organizational and environmental factors also played a key role. Facilitators included easy appointment scheduling via digital platforms, visible promotion of services, and convenient physical locations of counseling offices. However, many students also reported structural barriers such as long wait times, lack of urgent care, and inflexible service hours, which discouraged them from accessing on-campus support.

Stigma, cultural norms, and gender roles were prominent barriers to help-seeking, with male students especially reluctant to engage due to societal expectations about emotional strength. Language barriers and limited awareness of available services were also frequently cited as obstacles.

Students' perceptions of accessibility and quality varied, often depending on institutional type. Those from private universities reported more visible, responsive, and supportive systems, while students in public universities often struggled with unclear service availability and perceived lack of professionalism. Counselor competence, empathy, and communication style were central to students' perceptions of service quality.

Finally, participants recommended greater visibility of mental health resources, digital innovations for appointment scheduling, extended working hours, improved counselor training, and culturally responsive mental health education.

### **6.3 Limitations**

This study has certain limitations, some of which are related to the common critiques of qualitative research methodologies in general, while others are embodied in this study's research design.

First, the key informant interview was used, relying only on students' perspectives. While it gave valuable findings, including psychologists, counselors could have given broader insights on the topic.

Second, although the sample included students from both public and private universities in Astana, the findings may not be generalizable to all higher education institutions in Kazakhstan, particularly those in rural areas or other regions. Students' backgrounds, university policies, and institutional resources can differ significantly, affecting their mental health experiences and service access.

Third, the qualitative nature of the study required subjective interpretation of interview data, which may introduce researcher bias. Although steps were taken to enhance credibility (e.g., supervisor debriefing, codebook development, reflexivity), the researcher's background and assumptions may have shaped data interpretation.

Additionally, social desirability bias could have influenced participants' responses, especially regarding sensitive topics like stigma, emotional vulnerability, or institutional criticism. The presence of the interviewer may also have affected openness during in-person or online interviews.

### **6.4 Policy, practice and research implications**

The findings suggest several policy, practice and research implications for different stakeholders based on the findings, analysis and conclusions of the study.

For the equity across public and private universities there should be developed national guidelines for minimum mental health service standards in HEIs. Allocate funding to increase staffing and infrastructure in under-resourced universities, and ensure competitive salaries to attract and retain qualified mental health professionals. Furthermore, mental health should be embedded into broader student support frameworks, linking academic advising and wellness services.

Practitioners and counselors should prioritize empathy, cultural competence, and transparency in therapeutic interactions. Also, engage in continuous professional training to build trust and increase service impact. Active collaboration with students to co-create wellness programs that reflect actual needs and preferences may result in more relevant, student-centered mental health initiatives, greater engagement, and improved service outcomes.

For future research, it is recommended to expand studies to include regional universities across Kazakhstan to capture a more diverse range of student experiences and institutional contexts. Additionally, exploring the perspectives of staff, including counselors, administrators, and academic advisors, would offer a more holistic understanding of how mental health services are implemented and perceived within higher education. Finally, future studies should investigate long-term student outcomes related to engagement with mental health services, including academic performance, retention, and overall well-being. Longitudinal and mixed-methods studies can further evaluate how institutional reforms and stigma-reduction campaigns affect help-seeking over time.

## **6.5 Conclusion**

This study adds to the previous Western and neighbouring studies of how Kazakhstani university students perceive on campus mental health services by focusing on the cultural and institutional elements that have been ignored by other studies of both contexts. Although there

was increased awareness and expansion of service in some universities, students remain plagued by stigma when dealing with service inefficiencies and inconsistent service levels across institutions regardless of their type: private or public.

Valid research reveals that students require accessible mental health solutions with high quality standards beyond simple physical locations because they need to see these resources clearly and experience assuring responsiveness and cultural adaptability along with genuine trustworthiness. Family institutions alongside universities and government bodies should join forces with mental health professionals to build welcoming student-oriented settings that drive academic achievement along with student welfare. This study addressed the gap in literature by offering in-depth first-hand insights from students themselves, thereby contributing to a more nuanced understanding of help-seeking behavior. The findings can be used to aid future research, policy development, and service design that seeks to enhance mental health support in Central Asian university environments.

Student involvement in policy development and service planning for higher education will help Kazakhstan establish meaningful improvements in student health resilience. These efforts directly support the United Nations Sustainable Development Goals, particularly SDG 3 (Good Health and Well-being) by promoting mental health, and SDG 4 (Quality Education) by ensuring that students can thrive in supportive academic environments (United Nations, 2015). Development in Kazakhstan requires sustainable mental health support systems in universities because it represents both essential public health needs and significant contributions to national development.

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## Appendices

### Appendix A: Interview Guide in English, Russian, and Kazakh

Thank you for agreeing to participate in this interview. It will take approximately 30–60 minutes. I am here to learn about your experiences, views, and approaches regarding the psychological support available to university students, including how mental health services at your university are used, perceived, and evaluated.

#### I. Opening

1. Can you start by sharing a bit about your background and what year you are in at university?
  - What do you study, and how has your university experience been so far?
  - In what way has your academic environment impacted your mental well-being?

#### II. Mental Health Services Overview

2. What do you know about mental health services available at your university?
3. What do you think are the mental health needs of students and what specific services do you think should be offered to address these needs?
4. How supportive do you feel your university environment is regarding mental health?  
Why do you think so?
  - What specific spaces, such as soft zones or cafes, do you find supportive, and how do they help you?
  - Are there particular faculty or staff members you find supportive, and why?

### **III. Utilization of Mental Health Services**

5. Have you used or considered using mental health services at your university? Why or why not?
6. What factors do you think have influenced your decision to seek or not seek help from university mental health services?
  - In what ways do you think these factors impact other students?

### **IV. Accessibility and Quality**

7. How accessible do you find the mental health services at your university? (e.g., location, wait times)
  - In what ways have these factors affected you or others from using these services?
8. If you have used these services, how would you describe your experience with their quality?
  - How would you evaluate the counselors' work, and what are your thoughts on their level of expertise and skills?

### **V. Cultural and Social Influences**

9. Are there any cultural or social factors that you think affect students' willingness to seek mental health support?
  - How do you think mental health is perceived in your community or family?

### **VI. Supportive Environments and Improvements**

10. What are your thoughts on how mental health support for students in Kazakhstan could be improved?

- If you could change or add one thing to your university's mental health services, what would it be?
- What role do you think universities or the government should play in addressing mental health challenges?

## **VII. Closing Questions**

11. Is there anything else you'd like to share about your experiences or thoughts on mental health services?

Thank you for your time and insights. Your contribution is greatly appreciated and will help improve our understanding of mental health support for university students.

### **In Russian:**

Спасибо, что согласились принять участие в этом интервью. Оно займет примерно 30–60 минут. Я здесь, чтобы узнать о вашем опыте, взглядах и подходах в отношении психологической поддержки, доступной студентам университета, в том числе о том, как используются, воспринимаются и оцениваются службы психического здоровья в вашем университете.

## **I. Введение**

1. Могли бы вы рассказать немного о себе и на каком курсе вы сейчас учитесь?
  - На какой специальности вы учитесь, и как проходит ваша университетская жизнь?
  - Каким образом учебная среда повлияла на ваше психологическое состояние?

## **II. Общий обзор услуг психологической поддержки**

2. Что вы знаете об услугах психологической поддержки в вашем университете?
3. Как вы думаете, какие есть потребности ментального здоровья у студентов и какие конкретные услуги, по вашему мнению, следует предлагать для удовлетворения этих потребностей?
4. Насколько благоприятна, по вашему мнению, среда вашего университета в отношении психического здоровья?
  - Какие конкретные пространства, такие как зоны отдыха или кофейни, вы считаете благоприятными и как они вам помогают?
  - Есть ли сотрудники университета, факультетов, которые оказывают поддержку, и каким образом вы получаете эту поддержку?

## **III. Использование услуг психологической поддержки**

5. Пользовались ли вы услугами психологической поддержки в вашем университете? Почему или почему нет?
6. Какие факторы повлияли на ваше решение обращаться или не обращаться за помощью?
  - Как, по вашему мнению, эти факторы влияют на студентов?

## **IV. Доступность и качество**

7. Как вы оцениваете доступность услуг психологической поддержки в вашем университете? (например, местонахождение, ожидание)
  - Каким образом, по вашему мнению, эти факторы стали причиной отказа вашего или других студентов от обращения за помощью?
8. Если вы пользовались этими услугами, как бы вы оценили их качество?

- Как вы оцениваете работу психологов, консультантов? Что вы думаете об уровне их профессионализма и навыков?
- Как эти услуги удовлетворили ваши потребности или, по вашему мнению, есть место для улучшения?

## **V. Культурные и социальные влияния**

9. Есть ли, на ваш взгляд, культурные или социальные факторы, которые влияют на готовность студентов обращаться за психологической помощью?
- Как, по вашему мнению, воспринимается психологическая помощь в вашем сообществе или семье?

## **VI. Улучшения**

10. Как, по вашему мнению, можно улучшить психологическую поддержку для студентов в Казахстане?
- Если бы вы могли изменить или добавить одну вещь в услуги вашего университета, что бы это было?
  - Какую роль, по вашему мнению, должны играть университеты или правительство в решении проблем психического здоровья?

## **VII. Заключительные вопросы**

11. Есть ли что-то ещё, чем вы хотели бы поделиться о своём опыте или мыслях по поводу услуг психологической поддержки?

Спасибо за ваше время и ответы. Ваш вклад очень важен и поможет нам лучше понять, как улучшить поддержку психического здоровья для студентов.

## **In Kazakh:**

Сұхбатқа қатысуға келісім бергеніңіз үшін рахмет. Ол шамамен 30–60 минут уақытыңызды алады. Мен сіздің тәжірибеңіз, көзқарастарыңыз және университет студенттеріне қолжетімді психологиялық қолдау жөніндегі пікірлеріңіз туралы білгім келеді. Бұл қызметтердің университетте қалай пайдаланылатын, қабылданатынын және бағаланатынын түсінуге тырысамын.

## **Кіріспе**

1. Өзіңіз туралы және университеттің қай курсыңда оқып жатқаныңыз туралы айтып берсеңіз.
  - Қандай мамандықта оқисыз және университеттегі тәжірибеңіз қандай болды?
  - Оқу ортасы сіздің психологиялық әл-ауқатыңызға қалайша етті ?

## **II. Психологиялық қолдау қызметтеріне жалпы шолу**

2. Сіздің университетіңізде қандай психологиялық қолдау қызметтері бар?
  - Студенттердің қандай психологиялық қажеттіліктері бар және оларды қанағаттандыру үшін қандай қызметтер ұсынылу қажет деп ойлайсыз?
3. Сіздің ойыңызша, университетіңіздегі орта психикалық денсаулыққа қаншалықты қолайлы?
  - Универде арнайы дем алатын зоналар, кофейнялар немесе басқа да жерлер бар ма және олар сізге қалай көмектеседі?
  - Психологиялық қолдау көрсететін факультет мүшелері, университет жұмысшылары бар ма және ол қалай байқалады?

### **III. Психологиялық қолдау қызметтерін пайдалану**

5. Сіз университетіңізде психологиялық қолдау қызметтерін пайдаландыңыз ба ? Не себептен қолдандыңыз немесе көмекке жүгінбедіңіз?

6. Қалай ойлайсыз, көмекке жүгіну немесе жүгінбеу шешіміне қандай факторлар әсер етті?

### **IV. Қолжетімділік және сапа**

7. Сіздің университетіңіздегі психологиялық қолдау қызметтері қаншалықты қолжетімді деп ойлайсыз?

- Осы факторлар сізді немесе басқа студенттерді қызметтерді пайдалануына қалай әсер етті?

8. Егер сіз бұл қызметтерді пайдаланған болсаңыз, олардың сапасын қалай сипаттар едіңіз?

- Кеңес берушілердің ұмысын қалай бағалар едіңіз және кәсібилік пен дағдылары жайлы не ойлайсыз?
- Бұл қызметтер сіздің қажеттіліктеріңізді қанағаттандырды ма, әлде жақсартуды қажет етеді деп ойлайсыз ба?

### **V. Мәдени және әлеуметтік факторлар**

9. Студенттердің психологиялық көмекке жүгіну дайындығына мәдени немесе әлеуметтік факторлар әсер етеді деп ойлайсыз ба?

- Психологиялық көмек сіздің қоғамыңызда немесе отбасыңызда қалай қабылданады деп ойлайсыз?

## **VI. Қолдау ортасы және жақсартулар**

10. Қазақстандағы студенттерге арналған психологиялық қолдауды жақсарту үшін қандай шаралар қажет деп ойлайсыз?

- Егер сіз университетіңіздің қызметтеріне бір нәрсені өзгертуге немесе қосуға мүмкіндік алсаңыз, бұл не болар еді?
- Психикалық денсаулық мәселелерін шешуде университеттер немесе үкімет қандай рөл атқаруы керек деп ойлайсыз?

## **VII. Қорытынды сұрақтар**

11. Психологиялық қолдау қызметтері туралы өз тәжірибеңізбен немесе ойларыңызбен бөлісетін басқа нәрсе бар ма?

Уақыт бөлгеніңіз және жауаптарыңыз үшін алғыс айтамыз. Сіздің үлесіңіз студенттердің психикалық денсаулығына қолдау көрсетуді жақсартуға көмектеседі.

## Appendix B: Developed codebook for a qualitative study

Research questions:

1. What factors influence students' utilization of mental health services on campus?
2. How do students perceive the accessibility and quality of available mental health support services?
3. What recommendations can be made to enhance mental health services based on students' feedback?

Unit of analysis: interview transcripts

Descriptors:

1. Gender (male & female)
2. Year of study (freshmen, sophomore, junior, graduate)
3. Type of university (private & public)

Code	Description	Example
<b>1. Awareness of personal psychological issues</b>	Interviewees noted recognizing their mental health struggles, which prompted them to seek help.	<i>"My grades became very bad... my sleep was disrupted." [PW3, junior, private]</i>
<b>2. Accessibility of services</b>	Participants share their experience of the availability and ease of access to mental health services on campus.	
	a. Ease and convenience	Interviewee mentioned the availability of multiple contact methods for scheduling, making access easier.

<p>b. Campus location and physical proximity</p>	<p>Students highlighted the convenience of having mental health services located near campus facilities like dormitories.</p>	<p><i>"Our university is well structured, easy access... you can get help quickly." [PW1, graduate, private]</i></p>
<p>c. Lack of immediate appointments</p>	<p>Students shared frustration about delays in securing urgent mental health appointments, causing them to seek outside services.</p>	<p><i>"At university, they signed me up for a certain date; there was no urgent appointment." [PW4, sophomore]</i></p>
<p><b>3. Social and cultural influences</b></p> <p>Interviewees talk about societal and cultural factors that impact students' willingness to access mental health services, such as stigma and familial attitudes.</p>		
<p>a. Stigma and societal perceptions</p>	<p>Students spoke about fear of judgment and common misconceptions about mental health services.</p>	<p><i>"People from rural areas still believe psychologists are only for mentally ill." [PM2, sophomore, public]</i></p>
<p>b. Influence of family attitudes</p>	<p>Students described how family members' lack of understanding or concern about mental health influenced their decisions to seek help.</p>	<p><i>"My parents thought it was unnecessary, even dangerous." [PW3, junior]</i></p>

<p>c. Masculinity norms</p>	<p>Male students mentioned the reluctance to seek help due to societal expectations around masculinity.</p>	<p><i>"It's taboo among guys; they delay asking for help simply because 'I'm a man'." [PW3, junior, private1]</i></p>
<p><b>4. Perceptions of service quality</b></p>	<p>Students share their evaluations of the quality of mental health services, including their satisfaction and concerns about professionalism.</p>	
<p>a. Positive accessibility experiences</p>	<p>Students expressed satisfaction with easy access to mental health services and appointments.</p>	<p><i>"You can easily make an appointment; it's free." [PW4, sophomore, private1]</i></p>

<p>b. Negative experiences due to system inefficiencies</p> <p>c. Concerns regarding professionalism and competence</p>	<p>Students reported frustration with delays and scheduling inefficiencies, which led to dissatisfaction.</p>	<p>"The next appointment will be in a month; the problem will become outdated by then." [PW6, junior, private2]</p>
	<p>d. Lack of personalized or appropriate therapeutic approaches</p>	<p>Students questioned whether counselors were adequately trained and experienced, impacting their trust in services.</p>
<p>e. Mixed experiences of psychological support</p>	<p>Students felt that the therapeutic methods used were not individualized or effective for their needs.</p>	<p>"The techniques felt vague; after all I shared, I got a simple meditation exercise." [PW4, sophomore, private1]</p>
	<p>Students shared both positive and negative experiences with the psychological support they received.</p>	<p><i>"My psychologist was professional and supportive; I could trust her."</i> [PW3, junior, private1]</p>
<p><b>5. Recommendations for improvement</b></p>	<p>Interviewees suggestions for improving mental health services on campus.</p>	

<p>a. Enhanced awareness and visibility</p>	<p>Students suggested promoting mental health services across the campus to raise awareness.</p>	<p><i>"I would never have known if I didn't live in a dorm."</i> [PM2, sophomore, public1]</p> <p><i>"Workshops or stress-relief weeks can encourage students to share openly."</i> [PW3, junior, private1]</p>
<p>b. Improving service accessibility</p>	<p>Suggestions included digital solutions for easier appointment scheduling.</p>	<p>"It would be better to use a bot or app for appointments." [PW4, sophomore, private1]</p>
<p>c. Strengthening professional competence</p>	<p>Students recommended better transparency regarding the qualifications of counselors.</p>	<p><i>"We should have more information about counselors' backgrounds and certifications."</i> [PW1, graduate, private1]</p>
<p>d. Addressing language and cultural diversity</p>	<p>Students emphasized offering multilingual support to accommodate diverse backgrounds.</p>	<p><i>"Understanding each other is essential; otherwise, conversations are useless."</i> [PW1, graduate, private1]</p>

## **Appendix C: Informed Consent in English, Russian and Kazakh**

### **Informed Consent**

#### ***Introduction***

You are invited to participate in a research study entitled: “*University Students’ Use of Mental Health Services in Astana, Kazakhstan: A Qualitative Study*”

#### ***Procedures***

The purpose of this study is to explore university students' experiences with mental health support services in Kazakhstan. Your participation will involve a 30–40 minute interview conducted either online (via WhatsApp, Telegram, or Zoom) or offline (NUSOM campus or a convenient location). The interview will include questions about your experiences, perceptions, and opinions regarding mental health services.

Please note that the interview will be **audio recorded** to ensure accurate transcription of your responses. These recordings will be securely stored and used solely for research purposes.

#### ***Risks and benefits***

The potential risks of participating in this study are minimal. You may feel mild emotional discomfort when discussing sensitive topics related to mental health. To reduce this, you may skip any questions that you feel uncomfortable answering.

Your participation will help to improve the understanding and accessibility of mental health support services for students in Kazakhstan. The insights gathered may inform policies and contribute to more effective services for students, including you and your peers.

#### ***Compensation***

As a token of appreciation, you will be offered light snacks and drinks either before or after the interview.

### ***Confidentiality & Privacy***

All information collected during this study will be kept confidential to the full extent possible. Audio recordings will be securely stored in password-protected folders on an encrypted computer, accessible only to the researcher. Data will be anonymized during transcription by removing personal identifiers and assigning pseudonyms.

### ***Voluntary Nature of the Study***

Participation in this study is strictly voluntary. You may withdraw from the study at any time without any consequences.

### ***Points of Contact:***

If you have any questions or concerns about this study, you can contact the investigator - **Indira Seitimova** [indira.seitimova@nu.edu.kz](mailto:indira.seitimova@nu.edu.kz), +7715932140 and **Kuanysh Yergaliev** - research advisor [kuanysh.yergaliyev@nu.edu.kz](mailto:kuanysh.yergaliyev@nu.edu.kz). For concerns about your rights as a participant, you may contact the NUSOM Institutional Research Ethics Committee at: [nusom-rec@nu.edu.kz](mailto:nusom-rec@nu.edu.kz)

If you experience any emotional discomfort during or after the interview, you can seek support from: NU Counseling Center: [nu\\_counseling@nu.edu.kz](mailto:nu_counseling@nu.edu.kz) or via Telegram: @pcs\_nu.

This study has been reviewed and cleared by the Nazarbayev University School of Medicine Research Ethics Committee. If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact the Ethics Committee by E-mail: [nusom-rec@nu.edu.kz](mailto:nusom-rec@nu.edu.kz).

## **Информированное согласие**

### ***Введение***

Вы приглашены принять участие в исследовании на тему: "Использование и восприятие психологической поддержки среди студентов университетов г. Астаны, Казахстан: качественное исследование."

### ***Процедуры***

Цель исследования – изучить опыт студентов университетов Казахстана в использовании служб поддержки психического здоровья. Ваше участие будет включать интервью продолжительностью 30–60 минут, проведенное онлайн (через WhatsApp, Telegram или Zoom) или оффлайн (на кампусе ШМНУ или в удобном для вас месте). Обратите внимание, что интервью будет **аудиозаписываться**, чтобы обеспечить точную расшифровку ваших ответов. Эти записи будут надежно храниться и использоваться исключительно в исследовательских целях.

### ***Риски и преимущества***

Риски участия минимальны. Вы можете почувствовать легкий эмоциональный дискомфорт при обсуждении личных или чувствительных тем. Вы можете пропустить любой вопрос, если почувствуете себя некомфортно.

Ваше участие поможет улучшить понимание и доступность служб поддержки психического здоровья для студентов в Казахстане. Полученные данные могут повлиять на политику и способствовать созданию более эффективных услуг.

### ***Компенсация***

Всем участникам будут предложены легкие закуски и напитки до или после интервью.

### ***Конфиденциальность и приватность***

Вся информация, собранная в ходе исследования, будет сохранена в конфиденциальности. Аудиозаписи будут храниться в защищенных паролем папках на зашифрованном компьютере, доступном только исследователю. Данные будут анонимизированы при расшифровке.

### ***Добровольность участия***

Участие в исследовании строго добровольное. Вы можете прекратить участие в любое время без каких-либо последствий.

### ***Контакты***

Если у вас есть вопросы, вы можете связаться с исследователем Индирой Сейтимовой +7 771 593 21 40 [indira.seitimova@nu.edu.kz](mailto:indira.seitimova@nu.edu.kz) и Куанышем Ергалиевым – научный руководитель [kuanysh.yergaliyev@nu.edu.kz](mailto:kuanysh.yergaliyev@nu.edu.kz)

Если вы столкнулись с эмоциональным дискомфортом во время или после интервью, вы можете обратиться за поддержкой в центр консультирования NU [nu\\_counseling@nu.edu.kz](mailto:nu_counseling@nu.edu.kz) или через telegram: @pcs\_nu

Это исследование одобрено комитетом по этике Школы Медицины Назарбаев Университета. Если у вас есть вопросы или опасения о ваших правах как участника, свяжитесь с комитетом по этике: [nusom-rec@nu.edu.kz](mailto:nusom-rec@nu.edu.kz)

## **Ақпараттанған келісім**

### **Кіріспе**

Сіздерді «Қазақстандағы Астана университет студенттері арасында психикалық денсаулық қызметтерін пайдалану: сапалы зерттеу» тақырыбындағы зерттеуге қатысуға шақырамыз.

### ***Процедуралар***

Зерттеудің мақсаты Қазақстандағы университет студенттерінің психикалық денсаулықты қолдау қызметтерін пайдалану тәжірибесін зерттеу болды. Сіздің қатысуыңыз онлайн (WhatsApp, Telegram немесе Zoom арқылы) немесе офлайн (SHNU кампусында немесе сізге ыңғайлы жерде) жүргізілген 30-60 минуттық сұхбатты қамтиды.

Жауаптарыңыздың дәл транскрипциясын қамтамасыз ету үшін сұхбат **аудио жазба** болатынын ескеріңіз. Бұл жазбалар қауіпсіз сақталады және тек зерттеу мақсатында пайдаланылады.

### ***Тәуекелдер***

Қатысу тәуекелдері ең аз. Жеке немесе сезімтал тақырыптарды талқылағанда жеңіл эмоционалды ыңғайсыздықты сезінуіңіз мүмкін. Өзіңізді жайсыз сезінсеңіз, кез келген сұрақты өткізіп жіберуге болады. Ақпаратыңызды қорғау үшін қатаң құпиялылық шаралары қолданылады.

### ***Артықшылықтары***

Сіздің қатысуыңыз Қазақстандағы студенттер үшін психикалық денсаулықты қолдау қызметтерін түсінуді және қолжетімділігін жақсартуға көмектеседі. Нәтижелер саясатқа әсер етіп, тиімдірек қызметтерді құруға көмектесуі мүмкін.

### ***Өтемақы***

Барлық қатысушыларға сұхбат алдында немесе одан кейін жеңіл тағамдар мен сусындар ұсынылады.

### ***Құпиялылық***

Зерттеу барысында жиналған барлық ақпарат құпия сақталады. Аудио жазбалар тек зерттеушіге қолжетімді компьютерде құпия сөзбен қорғалып, сақталады.

### ***Қатысудың еріктілігі***

Зерттеуге қатысу қатаң түрде ерікті. Сіз кез келген уақытта ешқандай салдарсыз қатысуды тоқтата аласыз.

### ***Контактілер***

Сұрақтарыңыз болса, зерттеушіге хабарласа аласыз: Индира Сейтимова +7 771 593 21 40 [indira.seitimova@nu.edu.kz](mailto:indira.seitimova@nu.edu.kz) және Куаныш Ергалиев - ғылыми жетекші [kuanysh.yergaliyev@nu.edu.kz](mailto:kuanysh.yergaliyev@nu.edu.kz). Әңгімелесу кезінде немесе одан кейін эмоционалды ыңғайсыздықты сезінсеңіз, НУ кеңес беру орталығы [nu\\_counseling@nu.edu.kz](mailto:nu_counseling@nu.edu.kz) және telegram арқылы @pcs\_nu хабарласа аласыз.

Бұл зерттеу Назарбаев Университеті Медицина мектебінің зерттеу этикасы комитетімен қаралып, мақұлданған. Егер сіздің қатысушы ретіндегі құқықтарыңызға немесе зерттеудің жүргізілу тәртібіне қатысты сұрақтарыңыз немесе алаңдаушылықтарыңыз болса, этика комитетіне [nusom-rec@nu.edu.kz](mailto:nusom-rec@nu.edu.kz) электрондық поштасы арқылы хабарласа аласыз.

## Appendix D: Ethical approval

On Wed, Jan 15, 2025, 16:20 NUSOM Research Ethics committee <[nusom-rec@nu.edu.kz](mailto:nusom-rec@nu.edu.kz)> wrote:

Dear Kuanysh,

I am glad to inform you that your study research **"University students' use of mental health services in Kazakhstan: a qualitative research" (Reference number assigned: 2024Nov#12)** has been approved from an ethical perspective.

Please, bring a signed application to Aknur (r.927) in two weeks time.

Best wishes,  
Yuliya