The challenges faced by university educators in Singapore when referring students to counsellors: An instrumental case study

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Introduction

This article examines the issue of counselling referral at higher education. First, it looks at the benefits of university students receiving counselling services and support, and later it examines the issues and perspectives of educators who make the referrals. Educators are in a good position to provide referrals to counselling services because they frequently interact with students. However, there is minimal research on their perspectives on this role, particularly in Asia and, specifically, Singapore. This article details the challenges and recommendations, grouped into six themes, of two professors working in Singapore, an ethnically diverse and multicultural nation. It explores associated topics including cultural discourse, gender, and the professors' job descriptions.

Various university departments help incoming undergraduates adjust to university and make smooth transitions. One of the departments is counselling services, which can be a useful resource for students seeking emotional support and help with behaviour change. Counselling services are an essential part of education, because they contribute to students' wellbeing and mental health in higher education institutes (Sink, 2005). This contribution is achieved by helping students to explore options, develop strategies, and increase their self-awareness. A study by Julal (2013) involving 131 British undergraduates examined the predictors for students to use university support services in their first year. The author reported the students who were more inclined to use student support services when managing personal issues were reflective about problem solving. The study highlighted it was important that support services were continually improved to ensure the most vulnerable students were supported. Tovar (2015) conducted a study into how student support programs, such as counselling services and staff interaction, affected academic success. The study involved 397 Latino students who were 18 years of age or older and enrolled in a community college in California. The findings affirmed the number and type of interactions with institutional agents such as educators or counsellors significantly affected whether the Latino students intended to complete their degrees and achieve a grade point average. Bunce and Willower (2001) stressed the importance of a holistic approach, involving educators, counsellors, and system administrators, to help

support school counsellors and enable them to meet the challenges of internal organisational pressures and maintaining professional identities. Stress factors for students adjusting to university include financial difficulties, academic expectations, internship career prospects, and relational issues (Julal, 2013). Various Australian studies have reported that university students experience high levels of distress (Larcombe et al., 2014; Mulder & Cashin, 2015; Stallman, 2010). Stress factors vary and stress levels can fluctuate. When left unmanaged, stress may progress to severe conditions such as depression, suicidal ideation, and anxiety disorders (Drum et al., 2009), emphasising the importance of seeking help.

Faced with uncertain career paths and internship requirements, undergraduates can struggle to manage changes related to curriculum delivery, assignments, pace, and peer pressure. These complications can detrimentally affect a student's mental wellness, which can negatively impact academic performance (Harding, 2011). Mental stress among university students has been highlighted for concern because it can impact academic performance and affect personal wellbeing (Hohenshil et al., 2013; Hunt & Eisenberg, 2010; Vivekananda et al., 2011). Strepparava et al. (2015) noted while there was a demonstrated need for counselling support in an Italian university, the take-up rate for counselling was small. A study by Rao et al. (2011) involving students from South East Asian and South Asian regions revealed students would seek help from people within their social circle rather than professional counsellors and student services. Buchanan (2012) noted that university counselling services were the entry point to mental health services for students seeking emotional support and help in managing stress; otherwise, these issues were addressed through clinical attention in adulthood. Corrigan (2004) noted that people tended to seek help from peers and family as the first choice. However, Rickwood (2005) highlighted that problems related to mental difficulties were often left unresolved as they were addressed by people who lacked professional skills.

Low (2015) noted the perception of the educator towards the process of counselling could have implications on educators' referrals of students to school counsellors. Due to frequent interactions between the teacher and student during the class and teaching periods, teachers have the opportunity to refer distressed students for counselling services. However, there has been limited research on the perspectives of faculty members on the challenges of counselling referral in higher education. With an increase in school counselling services in Asia, interest and investment have been directed towards areas associated with the psychosocial concerns of students at all levels (Chong et al., 2013). Platts and Williamson (2000) revealed the effectiveness of counselling for improving student wellbeing in school settings. Biasi et al. (2017) noted that students who received counselling increased their academic success.

Nugent (1995) highlighted educators could affect and influence school counselling services directly through class interaction. There is potential in using teaching staff as referral sources, apart from the students themselves or peers. Downey (2008) emphasised the importance of interactions between an educator and students that could affect students' learning. For an educator unfamiliar with the field of counselling, the

counsellor's refusal to reveal information, because they are adhering to the occupational code of ethics, can be extremely confusing. Bell (2002) stated the counsellor's withholding of confidential information in an educational setting could be seen as conflicting with an educational setting, where everyone should be striving to share and provide the best support for their students. From the educator's perspective, there can be challenges in counselling referral as educators might not be familiar with counselling and its processes. Low (2009) found counsellors encountered challenges juggling educators' demands and expectations with a harmonious relationship. Harris (2009) stressed there could be difficulties in students receiving interventions and help because of educators' lack of clarity about the counselling process. The educators' challenges could block students from getting support for their mental wellness. Mental health issues could directly impact students' academic performance and learning if left unaddressed (Adelman & Taylor, 2006). More can be done to help students in distress receive help promptly.

Low (2009) highlighted that one of the important stakeholders in the school counselling process was the educators. They were well placed to help develop a sustainable counselling service that was of benefit to students, so their perspectives, acceptance, and attitudes towards counselling and referral were relevant. Chan (2005) found, in his secondary school teachers' sample in Hong Kong, quality counselling was largely dependent on the personality of the counsellor. How suitably matched a counsellor was for a student can be affected by various factors. Best et al. (1981) noted that educators preferred counsellors who were highly familiar with the educational and school system. This indicated that having counsellors with related experience or background knowledge would make the referral process more efficient. The educators' acceptance of school counsellors and willingness to refer students to them was also outlined in some studies. A study by Polat and Jenkins (2005) in England and Wales revealed a difference in the qualification requirements for employed school counsellors. Findings also revealed educators had differing opinions of counselling and this indicated a lack of clarity and understanding. Loynd et al. (2005) found that while a small minority of Scottish educators did not view school counselling positively and likened the process to providing advice, most were open and willing to providing counselling referrals.

A study by Pang et al. (2017) on 940 Singaporean youths using the Social Tolerance Scale and Attitudes Towards Serious Mental Illness (Adolescent version) Scale aimed to obtain data on sociodemographic issues. The study's online surveys, which included an open-ended question on the term 'mental illness', revealed Singaporean youth had adverse perceptions and inadequate knowledge of mental illness. The findings revealed there was still a lack of understanding and acceptance towards mental illness among Singaporean youth, negative perceptions towards mental illness, and a lack of openness about seeking help and counselling referral. While there are local research studies in Singapore focusing on counselling in general and its role in education, they are mainly geared towards children and adolescents. Counselling is viewed as a form of support to assist educators who require help to address the rise in the number of schoolchildren with

counselling needs (Shanmugaratnam, 2006). Counselling services for primary and secondary school students were set up by the Ministry of Education to handle issues related to grief, loss, suicide, and behavioural issues (Tan, 2002, 2004).

The Singaporean government acknowledged the significance of this support service for student communities by funding school counselling – one of 82 countries to do so (Harris, 2017). Ng and Chung (2019) conducted a study in a Singapore university that revealed several factors affected educators' views on counselling referral. The study shone a light on the lack of related research at higher education, in both a contextual and geographical sense. Many faculty staff feel there is a lack of clear policies regarding the response towards students in distress (Schwartz, 2010). Faculty members are in a good position to identify students facing mental health issues and can help them receive timely treatment (Lester, 2005). Tolerance and stigma in Asia can differ vastly thanks to diverse cultural and social differences. Low (2015) conducted a study of government-funded schools (three primary and two secondary schools) that showed teachers wanted to form a close and interactive working relationship with counsellors. In Singapore, counselling and mental illness are not well accepted and carry some form of stigma, even for young people. It is clear the surveyed educators' perceptions and willingness towards counselling referral and its processes are varied. Educators are willing to provide counselling referrals, but that depends on what the educators think of the counsellors, including the counsellors' knowledge, qualifications, effectiveness, and familiarity with the school system.

This research had two primary goals. First, it aimed to explore the issues and challenges of faculty staff in referring university students for counselling. Second, it aimed to explore the recommendations of faculty staff at a particular tertiary institute on how to improve the counselling referral process. The two key research questions were:

1. What are the challenges faced by university educators for counselling referral?
2. What can be done to improve the counselling referral process at higher education?

The answers could shed light on the factors that create barriers or encourage referrals, give an insight into the educators' challenges, and explore ways to use teaching staff as important sources of referral and student support. Most importantly, the research would add to the existing body of literature and act as a platform seeking to improve policymaking and planning related to counselling referral and student support services in universities.

Method

Sampling and participants

The research was initiated and conducted by two full-time counsellors in a public-funded university in Singapore. Aiming to give an insight into the issues related to counselling referral at higher education, it took an instrumental case study approach. Stake (1995) outlined that qualitative inquiry presents a case study approach by the specific case itself

and not by a specific methodology. He stressed that a case that is usually bounded by location, people and time would benefit from a prior understanding by the researchers themselves. In this particular case, the researchers were insiders, which was an advantage as they could thoroughly consider the ethical implications, including insider research and participant recruitment, from start to finish. Parahoo (2014, Chapter 2, p. 25-39) pointed out how researchers' lack of awareness of their own assumptions can unintentionally influence their conceptual views on content they were exploring. With the recruited participants working in the same organisation, the researchers were careful to minimise bias. They used a bracketing process, where their predisposed beliefs and personal experiences were rigorously discussed and cast aside before and during the research process (Speziale, Streubert, & Carpenter, 2011). The common goal of developing students' potential holistically was also considered an asset in this study (Bunce & Willower, 2001).

Despite the limited number of studies on counselling referral in higher education, the researchers believed their research at a single university would be a useful preliminary investigation that provided insights. To ensure ethical guidelines protecting the participants were adhered to, the researchers got approval for the study from the organisation's institutional review board. Elo et al. (2014) noted that to obtain rich data, the preferential methodology is qualitative research, which can lead to deeper understanding and analysis.

The researchers used purposive sampling (Silverman, 2006) to choose the participants, who were required to: (a) hold the position of professor, associate professor, assistant professor, lecturer, or someone who serves as part of the teaching faculty staff (b) have referred students to the university counselling centre during the past academic term year via email. The aim was to allow insights about the challenges of referral to emerge and be reflected upon. Four potential participants were identified via the university's counselling email records. The first author individually emailed each of the four, inviting them to participate and assuring them that anything shared would be confidential. Only two responded and volunteered – both of them professors from the same university who had referred students for counselling in the past two years.

T1 had more than 12 years of teaching experience, while T2 had more than 30 years of experience. Despite the small sample size, it was agreed the findings would be able to generate specific data for analysis that could be used to explore and address the research questions and determine the worth of future feasibility studies. Because the study was not university sanctioned and completely voluntary, the researchers thought the professors agreed to participate mostly out of interest and not due to pressure. The small-scale study was conducted without any research assistants and grant funding. It was important the study's scale was manageable by the two full-time counsellors, as their usual core job duties and working hours did not involve conducting research. Two external members were used for peer briefing and additional checking to ensure the findings were reliable (Creswell, 2013).

Measurement and data analysis

The researchers used qualitative content analysis to analyse the participants' experiences and perspectives on the challenges and recommendations for counselling referrals. They interviewed the participants to achieve their aim of understanding the issues through the lenses of others (Denzin & Lincoln, 2011). As data are the fundamental foundation for a research study (Yin, 2015), the researchers chose semi-structured interviews as the most appropriate tool, as they wanted to get in-depth, rich data that could be analysed for relevance and meaning. Kvale (1994) suggested semi-structured interviews allowed room to expand thoughts while maintaining trust.

The researchers used 11 semi-structured questions as a guide for the interviews. The open-ended questions aimed to explore and clarify the issues from the participants' perspectives. Questions included: Under what circumstances would you refer a student for counselling? What are some of the barriers that stop you from or create difficulty with helping a student? What are some suggestions or areas that might be helpful in improving mental health/counselling support for students? What are the ways that the counselling centre can further support academic staff in areas of counselling referral? The questions aimed to give an insight into the barriers in counselling referral, the areas for potential improvement, and recommendations for improvement.

To ensure privacy and comfort, each interview was conducted in the professor's office. The participants were told they did not need to answer questions they felt were inappropriate or made them uncomfortable. They were also notified of their right to stop the interview at any point. The interviews included audio recordings of one to two hours. The audio files were transcribed and member checked to help ensure the analysis was accurate. To maintain confidentiality, the recordings were deleted after being transcribed, and all identifiers were removed from the transcripts. Researchers only lightly edited the responses (Corden & Sainsbury, 2006), to keep the participants' voices and ensure authenticity and accuracy. Sentences were edited that didn't make sense or were grammatically unreadable. Translation was required for Singlish, a blend of Singaporean slang and English commonly used in Singapore. A secondary coder double-checked the transcribed data to ensure it was accurate (Lincoln & Guba, 1985), and discrepancies were negotiated before a final agreement was reached. Each individual interview transcript was reread several times to make sure the researcher thoroughly understood the data (Rowley, 2012) and the data had been accurately interpreted.

The researchers penned journaling notes, reflections, and observations to use in internal discussions during the study's different stages, from designing the research to planning and analysis. While the researchers recognised that completely bracketing personal assumption was impossible, they made an effort to mitigate some of their strong predisposed views. They did this through reflexive bracketing, to ensure transparency in the research process and address how context and culture could affect the issues studied (Walters, 1995). Because there was a lack of studies on counselling referral at higher

education, the researchers were more interested in gaining a deeper insight into the issue (Patton, 2002; Rolfe, 2006) than pinpointing a particular truth or generalisation of facts and theory.

Krippendorff (2004) noted that content analysis allowed meaningful interpretation of the contextual text. The completed transcripts were first read several times and cross-checked by the researchers themselves, who highlighted the meaningful and relevant parts. These specific responses and words formed as codes that were used to create the developed themes. The final themes came about after the findings were further compared and analysed. By manually examining words and scanning paragraphs and sentences, extracted phrases were placed under each identified sub-theme. In this study, the biological terms “female” and “male” appear in direct research data that remain unaltered to preserve narrative authenticity and data integrity. However, as the appropriate variable is gender rather than sex in this context according to APA 7th edition guidelines on reducing bias in language about gender (American Psychological Association, n.d.), the authors have respected these guidelines by using gender terms such as women and men when describing these data.

The researchers further discussed categorising the themes and sub-themes before agreeing to a final version. To ensure the findings were accurate, there was reflective and reflexive comparison among the researchers’ interpretations. Both researchers analysed the data analysis separately before comparing what they’d found. They rigorously discussed the results before reaching a consensual alignment through a triangulation process (Burnard, 1991; Graneheim & Lundman, 2004).

Results

It was clear from the interviews the professors faced various challenges when referring students to counsellors. The professors made recommendations and suggestions on how these issues could be improved for both the academic staff and the students. The researchers categorised the professors’ perspectives under two overarching categories: Challenges and Recommendations. These categories were further divided into a total of six primary themes and 13 sub-themes, as below.

Category: Challenges

Theme 1: Connection

1.1 Keeping a professional distance One of the men professors reflected he was cautious when it came to keeping his distance from students because he was concerned about the perceptions from other students. The other professor noted that in managing incidents with women students, he would try to involve a colleague who was a woman as soon as possible and avoid dealing with the issue on his own. Despite wanting to comfort the student, he felt he had to keep a professional distance.

T1) If the student is taking my course, I will want to be a bit more careful in terms of keeping my distance. I am mindful that other students might perceive that the particular student is getting more attention from you as an instructor who is going to give grades. I still feel that there is a need to maintain distance between a professor and the students.

T2) Especially as a male dealing with female students, the first thing is to make sure that I have a female colleague involved as early as possible during a tensed situation and that it is not myself handling the situation. At times, you really do just want to give the distressed person a hug or hold them and tell them it is OK. (Long pause.) But no, you really have to keep a professional distance.

1.2 Students' privacy Both professors noted that students might not be open to being vulnerable and sharing some of the issues they faced. One professor noted that students tended to view a professor as someone with authority and this created a barrier to finding out what students were going through. The other professor revealed it was more common to encounter students who were not willing to reveal what was happening for them.

T1) I would say typically for a professor, it is very difficult to find out because a lot of students they see you as a professor and someone with authority.

T2) I would say is more common to encounter those that are really closed off and just not willing to reveal even the slightest of what's going on for them. For someone to actually bring something up with me is almost once a year.

Theme 2: Stigma

2.1 Shame Social stigma is the fear of negative perception or judgment by others for seeking help to resolve an issue (Deane & Chamberlain, 1994). One professor observed shame from mental illness or its association affected how students were receptive to seeking or receiving counselling. The other professor found it a challenge to persuade students who refused to seek counselling because of the associated shame and stigma.

T1) The other thing is the shame that I find often associated with mental illness. Having a sibling with mental illness, can I actually admit those things to other people? For that not to be a shame factor, I know we were very bothered. The word is shame, we just feel so ashamed about the fact on seeing a counsellor.

T2) You should only strongly encourage but what I find lacking is that how do you persuade them to see a counsellor. If they are not willing, what else do we say next to persuade them in that scenario to make it less intimidating or shameful. Something that the counselling centre has been trying to do. Removing that stigma. Traditionally see a counsellor or even a psychiatrist is seen as you are having a problem.

2.2 Lack of encouragement One of the professors admitted that most professors found it difficult to define what was appropriate when speaking to students in distress. He had been asked by colleagues how to encourage such students. The other participant

indicated that students could be made to feel ashamed instead of being encouraged to seek help.

T1) We don't really know whether the technique, advice, or the way we speak to the students is most appropriate in that circumstance. Sometimes, my colleagues would ask what do we say to encourage or what do we do next. I would say that generally most of the faculty are not aware of what to do if someone come up to them and ask them for help.

T2) There are cases where instead of encouraging students in the direction of counselling, they almost deter or make them feel ashamed that they are struggling. Instead of encouraging good mental health and so forth, there is a shame that you have this issue or struggling with it.

Theme 3: Dilemmas

3.1 Helplessness One of the professors recalled his helplessness when students refused to seek help from the counsellor. The other professor recounted an incident in which he felt helpless when faced with a student who was not participating in a team activity.

T1) The issue which remains unresolved is sometimes when you advise students to get help from the counsellors, they refused. I have been told that you can't really force them. Even though you can try to help but you are not trained. So, I feel there is a gap in handling students that refuse to go to the counsellors.

T2) In my early days as an instructor, I encountered a few things in the classroom. One of them was that I had one semester where a student was not joining any of the group to work in the class. He purposely sat in a chair in the corner and instead of joining the team he was assigned to. I just ignore and let it happen accordingly for the week. In the following week, I really need to ask what was going on. I felt helpless and realised something is not right here.

3.2 Lack of knowledge in mental health Both professors acknowledged their limitations in dealing with students in distress due to their lack of understanding and expertise of mental health, including uncommon situations. This made it difficult for them to help or encourage students to seek advice from a professional counsellor.

T1) I am also aware that you can't really force the student to go and see a counsellor. You should only strongly encourage but I find lacking is that how do you persuade them to see a counsellor. That is one thing I am not good at as well. A lot of us just say, "Hey, just go and see a counsellor." We don't really think harder that from that perspective, they are not willing or keen what else do we say next to refer them in that scenario to make it less intimidating.

T2) I don’t have the capacity to deal with someone simply because I don’t have the time and secondly, I don’t have the expertise so to try and help that person. The best I can do in a situation is simply refer you to someone who is a professional and expert in this area. And so for myself, it is the process of understanding some of the illnesses that I encountered and things that are going on. But at the same time, the more I try to understand it, the more I realise how little I do understand. There is an incredible depth to these fields.

Category: Recommendations

Theme 4: Knowledge

4.1 Early identification One professor noted that with sufficient support and manpower, signs and symptoms of mental illness could be picked up at an earlier stage. The other professor noted international students might feel isolated. This could be avoided by simply starting a conversation with a counselling professional.

T1) Because if you have more on the ground, sometimes the signals, the dangers, the risk signs could be identified way earlier and maybe help could be directed at the earliest possible.

T2) We have exchange students, international students and even those who come from polytechnic, they also feel a little bit outside the norm. My basic understanding is that if you are coming into university as a student without someone you can talk with, you can feel cut off or distance from others. So those are the types of people that might need help and I find that having a conversation with a professional seems to help them to be more at ease with everybody else.

4.2 Clarity of protocols One professor pointed out the need to clarify protocols. The other professor highlighted staff, particularly those who were new, should be intentionally made aware of counselling services, and this would help benefit and protect the university’s reputation and safety.

T1) The protocols and policies need to be clarified and informed. Similar to emergency preparedness. I won’t say mandatory training but more need to be done to educate, probably at the highest level.

T2) Maybe there can be more intentional sharing of the services or required conversations with the counselling centre for the faculty staff. And I think from the perspective of safety and reputation of the university, that could really be a good basis for making that a requirement.

4.3 Awareness One professor observed education and creating awareness about mental health were important as they would boost the number of people recognising the importance of mental health. The other professor stressed the significant value of

professional counselling services that strived to support students holistically. He also highlighted the need for new staff to be educated about the range of counselling services for students.

T1) Awareness, education, and training so that we get supporters who believe and are passionate. And we need more of them so that the environment will be a lot more robust in terms of support. Recently, some talks that relieve stress is helpful. A lot of root causes are related to stress, management of time. Talks related to counselling or mental health could be done.

T2) But then again, maybe one thing to be considered is there may be some kind of required session with the counselling centre to familiarise faculty with what we have, what's available, and how we do things. So that is why I really value the professional counselling services. Because I think it's almost like you are getting a third party's input into your life, a third party's perspective. So that's where I feel that professional counselling services can help bring in that perspective and I think it helps the students to adjust better.

Theme 5: Engagement

5.1 Leadership support One of the professors stressed the significance of having higher-level staff involved in the support network. The other professor noted support from top management had enabled administrative and faculty staff to benefit greatly from the counselling centre.

T1) At the higher level, faculty, admin people, and student leaders should be engaged. When we have more professors and admin staff who are willing to help students, the importance of counselling is highlighted.

T2) I am incredibly glad that my university considered it very important to make sure that we had a strong counselling centre in place. I think that was a great decision, whoever made it. We had been very fortunate with that great support from the top and to have a strong system put in place. Again, I guess it would almost need to come from the top down in seeing the need for incoming staff to be prepared.

5.2 Widespread involvement One professor suggested more peer helpers could be recruited – not just students, but various professors and administrative staff. The other professor highlighted how the university provided useful resources and strong support from management not apparent at other institutes.

T1) On the ground, we need to recruit more peer helpers on the ground. Peer helpers could be a professor, administrative staff, or a role model like student leader.

T2) And to pull as many resources, support and whatever goes into it. For a university, it is absolutely fantastic. I know how for other universities, counselling hasn't been a priority or that important.

Theme 6: Advocacy

6.1 Outreach efforts One professor observed the counselling centre had been making an effort to remove the stigma of counselling and noted an increase of students seeking help. The other professor revealed the counselling centre's efforts were effective for those who were receptive towards the services, but some form of education might be required for those that were closed off.

T1) Traditionally, seeing a counsellor or even a psychiatrist is seen as you are having a problem. But increasing students having been going there to feel better to release from stress. I think that should be done. We should continue to advocate that.

T2) What I see already, the counselling works very well with those that are open and supportive of the counselling centre and services. What I think is maybe there needs to identification process for those that aren't working so well with the counselling centre. Maybe, engage them in conversation and sharing what it is that you do. I realise that if they are already fixed in their ideas or if they are closed, it gets impossible to get those few minutes to have a conversation.

6.2 Support network One professor pointed out the safety and support network for students was functional but, potentially, needed to be expanded. The other professor noted his role served as a point of support and referral in the process. Straughan and Seow (1998) emphasised the significance of peer influence and support when dealing with health conditions as they could be closely tied to a person's lifecycle. The university had a peer helper club: a student body of undergraduates working with the counsellors to support the wellbeing of the student community. While the peer helpers were not professional counsellors, they attended regular weekly training that focussed on helping skills. Their role in referring peers to qualified and professional help was vital.

T1) What is also useful is the safety network within the university and the support network. The university has already done something on that front with the peer helpers but personally I feel that more can be done at the school level or club level.

T2) It is not like that we have to work these things out on our own but we really should be seeking to be connected to others. I just try to be a support person in that process and be aware of the resources that are available for directing people to these resources. I guess that is probably my main role.

Discussion

The study's data revealed the challenges of two professors at the same university in supporting and referring students in distress for counselling. These challenges were shaped by the professors' personal and preconceived beliefs, values, and thoughts. These challenges created dilemmas involving: a fear of favouritism; uncertainty about what action to take in complex situations; a lack of knowledge about mental health issues; and, because of the professors' positions of authority, the need to set boundaries. Previous studies highlighted external affecting factors, such as how educators viewed the

personalities, experience, and assumed effectiveness of counsellors (Chan, 2005; Best et al., 1981; Polat & Jenkins, 2005). However, the findings of this latest study revealed that the personal internal challenges faced by the participants themselves, such as keeping a professional distance, helplessness, and a lack of knowledge about mental health, could make it difficult to refer students to counselling or provide students with help.

The study found external factors influenced counselling referral. These factors included social stigma associated with mental illness and seeking counselling, students' lack of openness, and professors' unfamiliarity with protocols and how to handle students in distress due to infrequent encounters. Social stigma coupled with shame hamper help-seeking behaviour (Corrigan, 2004). The lack of knowledge from the participants about mental health, coupled with negative public perceptions, possibly affected how open students were to seeking help (Pang et al., 2017). It is clear while the participants wanted to help students in distress, limiting factors such as cultural discourse and varying beliefs could disrupt the counselling referral process.

The study's category themes were inspired by the professors' experiences. The study revealed the unique dilemmas faced by the professors while attempting to manage students in distress and their behaviour. Apart from the differences in the approaches used by the professors, the study also illustrated some cognitive thoughts and perceptions towards the process of counselling referral. These challenges, which included stigma, relational issues, and lack of knowledge about mental health, hampered the counselling referral process for the professors. The lack of expertise and clarity in setting boundaries, job descriptions, protocols, the nature of counselling, mental health conditions, and managing students who were unreceptive towards counselling created uncertainty for the professors. The findings were consistent with the Harris (2009) study, which found that a lack of clarity in counselling and referral processes for educators made it difficult for students to receive help. Despite the difficulties, the participants recognised the significance, efforts, and contribution of the university counselling centre. Recommendations included strengthening support, garnering leadership support, widening involvement, educating staff early on, and raising awareness of protocols and guidelines.

The support and level of involvement from top management will direct the progress of an organisation's purposeful efforts in growth and visionary goals (Hallinger & Heck, 2002). According to Strand (2001), the role of school leaders can be orientated to provide clear expectations and directions to staff. Cohesion between university departments is very important to ensure students needing counselling referral and support services receive help promptly. Johansson (2003) highlighted various research studies that indicated the strong link between communication and organisation as a combined single entity. School leaders must take the lead in advocating the importance of mental wellness – seeking resources and extending help within their school environments through effective communication. This approach is consistent with a study by Ng (2018), which stressed the need to address cultural appropriateness in mental health advocacy for high-income nations like Singapore. Ways to address this need could include planning internal

departmental conversations, orientation programs for new staff, and collaborations recognising the importance of mental health, counselling referral and counselling services. Students can become pessimistic if their course instructor is thought to be unsupportive (Cole et al., 2006). This can affect their academic performances and might influence their peers' perceptions of the learning environment and its culture. Bunce and Willower (2001) emphasised the necessity of taking a holistic approach involving counsellors and educators for a cohesive organisational response. With faculty staff having hefty teaching and research responsibilities, it is important there is a supportive holistic structure that can help them address issues not directly related to teaching and pedagogical concerns.

As outlined in more than 100 research articles (Clement et al., 2015), stigma is an obstacle for people seeking help. According to Australian research, less than half of university students will seek help when coping with issues related to mental health (Stallman & Shochet, 2009; Wynaden et al. 2013). The negative stereotypes of people who are mentally ill include violent, incapable, and morally distorted (Corrigan, 2004). They are rarely seen in a positive light. Purvis et al. (1988) found in their study that individuals with mental disorders were viewed as unfriendly, unsuccessful, boring, and less functional when compared to their peers. In an educational setting, where peer support can be crucial, university students might find themselves isolated or discriminated against in times of need. Phelan and Basow (2007) noted that mental illness was associated with danger and lack of safety, which increased social distancing. These negative perceptions were perpetuated in the media and further fuelled by portrayals of mentally ill people as dangerous, unfriendly, defiant, and unstable (Byrne, 2000). Traditional Chinese values such as self-dependence, avoiding shame, and saving face have strongly influenced Singaporeans to date (Nguyen et al., 2019; Picco et al., 2016). Abdullah and Brown (2011) found that cultural influences coupled with specific beliefs stigmatising mental illness and treatment can impact the perspectives regarding cultural norms of the public and individuals seeking help. All these global findings show that cultural discourse and mental health stigma are apparent – and maybe even more so in a culturally diverse, seemingly modern yet rather traditional nation like Singapore, as experienced by the participants.

With mental illness widely viewed as negative, it is important to educate people and create an inclusive environment so no one is left behind or discriminated against. Woods and Kong (2020) proposed there was a need to explore and focus on how a feasible framework and landscape of care could be applied, particularly in a technologically advancing, smart city like Singapore. As suggested by the study participants, there is a need for engagement through strong leadership and widespread involvement. El-Alayli et al. (2018) observed that students expected women professors to be more nurturing compared to men professors, and this could result in negative emotions and behaviour from students. With students' varying expectations, the efforts required by educators to maintain appropriateness, care, and professional distance can be challenging, particularly with a student of another gender.

Managing gender issues sensitively was brought up by one of the participants, who felt it was important to bring in a woman staff member when dealing with a woman student in a tense situation. A study by Macnell et al. (2015) used disguised gender identity tests to evaluate gender bias in student ratings of instructors. The study found gender biases in student ratings of instructors, with students rating instructors who were perceived as men more favourably than when the same instructors were perceived as women. A woman professor managing a distressed student who is a man can find the situation similarly or more challenging, especially when coupled with the preconceived notion and expectation of a nurturing approach due to gender stereotypes about women. It is important to note that the need for gender sensitivity extends beyond women and men of cisgender experience. Universities need to acknowledge women and men of transgender experience and the existence of more than two genders to ensure inclusive and diverse educational environments. External perceptions of people's genders cannot be presumed accurate without knowing their gender identity. Combined with the exploration and discovery that might be involved for an individual in the process of realising their gender identity, these are areas that require awareness and advocacy to allow for a deeper understanding.

Without clear guidelines and protocols, situations can be confusing, and professors deal with them in various ways. To eradicate discrimination and stigma, academic institutions should focus on creating an environment that promotes the inclusion of students with mental health issues and concerns. Fink (2014) asserted that a nurturing and supportive environment, sense of belonging, professional competency, and regular civic engagement were predictors of positive mental health for students. This is consistent with the participants' recommendation to increase knowledge of protocols and early identification with advocacy.

Recommendations

Several prominent areas highlighted by the two university professors could be examined deeper for improvement. One area is the dilemmas faced by the faculty members regarding managing students in distress. The professors' experiences were consistent with a study of 20 full-time instructional faculty staff at a public university in the United States who highlighted that most faculty staff felt a lack of clarity on the policies and processes for handling students in distress (Schwartz, 2010). The university professors in this latest study felt uncertainty, due to their lack of professional mental health knowledge, when handling students in distress. Their uncertainty was compounded by a lack of clarity about the counselling referral process, their profession, their boundaries, and the protocols. One suggestion from the professors was ensuring university staff were exposed to the counselling centre, its role and services. The authors proposed that this could be done through an orientation-induction process, dialogue sessions, workshops, or collaborative network lunches. The staff would then become familiar with the range of services, protocols, and considerations when handling distressed students and be in a better position to provide students with the necessary referral resources and help them when required. Hairon and Goh (2015) contended that suspending judgment was

primarily dependent on the team members' knowledge within an organisation. There is a need to ensure mental health literacy for educators through awareness and sharing. Through the participants' data, the authors have put forth several aligned recommendations. The college campus environment should be developed into an inclusive and supportive environment for the community. Due to a culturally diverse student population, consideration should be given to the increasing need for a balanced, diverse, representative faculty and counselling team that could address cultural, racial and gender-related issues cohesively within the university. Broad initiatives involving inclusion and acceptance of diversity often require strong support, funding and engagement from school leaders. School leaders have to navigate non-linear change-paths, and learning how to navigate this kind of change is a critical competency for 21st century change-leaders in school systems (Ng, 2014). Through better organisational communication and strong leadership support, the counselling referral process can potentially be improved.

Regular campaigns and outreach activities focusing on mental wellness could be held within the school community. Stress-reduction strategies, such as mindfulness, relaxation, goal setting, and time management, could be incorporated into workshops for students. The advance of mental health support would be dependent on the relational components that support recovery (Price-Robertson et al., 2017). There is a need for intentional planning within the school community to ensure students who need help receive it through referrals and encouragement. Cooren et al. (2011) stressed the importance of communication for the effective functioning of organisations. Policy planning and efforts targeting the highlighted challenges, such as connection, stigma, and dilemmas, will allow the educators to address these issues competently through increased knowledge, regular engagement, and consistent advocacy.

Limitations

The research was an initiative instigated by two-full time university counsellors without funding or research assistants. The underlying aim was to improve the university's counselling services and find ways to improve the mental health landscape for the school community. Reflecting thoroughly and critically on what the professors verbalised in their interviews could have been challenging for the researchers as employees of the same institute. Instead of being hindered by this dual relationship, the researchers strived to use the advantages of their university positions, recognising they were well-placed to devise the study, question the need for counselling services, explore the referral process, and examine better ways to promote counselling for the wellbeing of students. The researchers endeavoured to ensure the research process was unbiased. They used a bracketing process, in which they discussed their prior beliefs, perceptions, and experiences and made notes to help them mindfully separate their personal hopes from the raw findings.

The study's findings are based on a small sample of two professors from the same educational institute. However, the perspectives were diverse. One participant was a seasoned educator with more than 30 years' experience; the other participant had more than 12 years of teaching experience. It can be challenging to find faculty staff willing to be study volunteers, as their involvement is not directly relevant to their core teaching duties. Smith et al. (2009) stressed that study sample size should be considered on a case by case basis and take context into account. While the researchers achieved their aim of collecting rich data in this study, there is room to increase the participant sample size for increased rigor, variety, and differing perspectives in future studies. Despite a lack of funding and assistance, the researchers proceeded with the study as they aimed to improve their workplace's counselling referral process and services. Due to differences in practices and protocols, the results in this study might not be pertinent to other institutions. There is room for a larger-scale study involving students and staff to generate a greater spectrum of data for comparative analysis, possibly through a university-sanctioned research project.

Conclusion

The professors revealed they faced a range of challenges in referring students for counselling. In their recommendations, they highlighted the importance of strengthening bonds between different university departments, ongoing education about mental health, and clear protocols and guidelines. When there is an aligned understanding of how to help students in distress, staff will develop confidence in their referral role. Workshops, briefings, and outreach activities can all help educate and promote a culture of mental wellness and openness about seeking help. With greater knowledge and awareness, more people will understand the importance of mental health and counselling referral. Where possible, both external and internal partners should help tackle the stigma of mental illness and encourage help-seeking behaviour in a culturally diverse educational environment. Most importantly, collaborative and cohesive efforts between university departments will ensure that students who require emotional support can be promptly referred. With academic progress and mental health at stake, it is vitally important that universities constantly consider alternative and innovative ways for students to access counselling through either self-referral or referral by others. There is a lot more room, in future research, to explore the various dimensions and factors affecting the referral of students to counselling.

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References

Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review*, *31*(6), 934-948.

https://doi.org/10.1016/j.cpr.2011.05.003

Adelman, H. S., & Taylor, L. (2006). Mental health in schools and public health. *Public Health Reports*, *121*(3), 294-298.

https://doi.org/10.1177/003335490612100312

American Psychological Association. (n.d.) *Gender*. https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/gender

Bell, A. (2002). Six ways to resolve workplace conflicts. *McLaren School of Business, University of San Francisco*. Retrieved from http://www.usfca.edu/fac-staff/bell/article15.html.

Best, R. E., Jarvis, C. B., Oddy, D. M., & Ribbins, P. M. (1981). Teacher attitudes to the school counsellor: A reappraisal. *British Journal of Guidance and Counselling*, *9*(2), 159-172. https://doi.org/10.1080/03069888108258211

Biasi, V., Patrizi, N., Mosca, M., & De Vincenzo, C. (2017). The effectiveness of university counselling for improving academic outcomes and well-being. *British Journal of Guidance and Counselling*, *45*(3), 248-257. https://doi.org/10.1080/03069885.2016.1263826

Buchanan, J. L. (2012). Prevention of depression in the college student population: A review of the literature. *Archives of Psychiatric Nursing*, *26*(1), 21-42. https://doi.org/10.1016/j.apnu.2011.03.003

Bunce, C. A., & Willower, D. J. (2001). Counselor subculture in schools. *Journal of Educational Administration*, *39*(5), 472-487. https://doi.org/10.1108/eum0000000005814

Burnard, P. (1991). A method of analysing interview transcripts in qualitative research. *Nurse Education Today*, *11*(6), 461-466. https://doi.org/10.1016/0260-6917(91)90009-y

Byrne, P. (2000). Stigma of mental illness and ways of diminishing it. *Advances in Psychiatric Treatment*, *6*(1), 65-72. https://doi.org/10.1192/apt.6.1.65

Chan, David W. (2005). Conceptions of counselling among Chinese secondary school teachers in Hong Kong. *International Journal for the Advancement of Counselling, 27*(2), 311-322. https://doi.org/10.1007/s10447-005-3189-z

Chong, W. H., Lee, B. O., Tan, S. Y., Wong, S. S., & Yeo, L. S. (2013). School psychology and school-based child and family interventions in Singapore. *School Psychology International*, *34*(2), 177-189. https://doi.org/10.1177/0143034312453397

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, *45*(1), 11-27. https://doi.org/10.1017/s0033291714000129

Cole, M. S., Bruch, H., & Vogel, B. (2006). Emotion as mediators of the relations between perceived supervisor support and psychological hardiness on employee cynicism. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, *27*(4), 463-484. https://doi.org/10.1002/job.381

Corden, A., & Sainsbury, R. (2006). Exploring 'quality': Research participants' perspectives on verbatim quotations. *International Journal of Social Research Methodology*, *9*(2), 97-110. https://doi.org/10.1080/13645570600595264

Cooren, F., Kuhn, T., Cornelissen, J. P., & Clark, T. (2011). Communication, organizing and organization: An overview and introduction to the special issue. *Organization Studies*, *32*(9), 1149-1170. https://doi.org/10.1177/0170840611410836

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, *59*(7), 614. https://doi.org/10.1037/0003-066x.59.7.614

Creswell, J. W. (2013). Steps in conducting a scholarly mixed methods study. *DBER Speaker Series, 48.* https://digitalcommons.unl.edu/dberspeakers/48/

Deane, F. P., & Chamberlain, K. (1994). Treatment fearfulness and distress as predictors of professional psychological help-seeking. *British Journal of Guidance and Counselling*, *22*(2), 207-217. https://doi.org/10.1080/03069889400760211

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The Sage handbook of qualitative research*. Sage. https://doi.org/10.1108/13522750910948815

Downey, J. A. (2008). Recommendations for fostering educational resilience in the classroom. *Preventing School Failure: Alternative Education for Children and Youth*, *53*(1), 56-64. https://doi.org/10.3200/psfl.53.1.56-64

Drum, D. J., Brownson, C., Burton Denmark, A., & Smith, S. E. (2009). New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology: Research and Practice*, *40*(3), 213. https://doi.org/10.1037/a0014465

El-Alayli, A., Hansen-Brown, A. A., & Ceynar, M. (2018). Dancing backwards in high heels: Female professors experience more work demands and special favor requests, particularly from academically entitled students. *Sex Roles*, *79*(3), 136-150. https://doi.org/10.1007/s11199-017-0872-6

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *SAGE Open*, *4*(1). https://doi.org/10.1177/2158244014522633

Fink, J. E. (2014). Flourishing: Exploring predictors of mental health within the college environment. *Journal of American College Health*, *62*(6), 380-388. https://doi.org/10.1080/07448481.2014.917647

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, *24*(2), 105-112. https://doi.org/10.1016/j.nedt.2003.10.001

Hairon, S., & Goh, J. W. (2015). Pursuing the elusive construct of distributed leadership: Is the search over? *Educational Management Administration and Leadership*, *43*(5), 693-718. https://doi.org/10.1177/1741143214535745

Hallinger, P., & Heck, R. H. (2002). What do you call people with visions? The role of vision, mission, and goals in school leadership and improvement. In K. Leithwood and P. Hallinger. *Handbook of research in educational leadership and administration* (2nd ed.) (pp. 9-40). Dordrecht: Kluwer Academic.

https://doi.org/10.1007/978-94-010-0375-9_2

Harding, D. J. (2011). Rethinking the cultural context of schooling decisions in disadvantaged neighborhoods: From deviant subculture to cultural heterogeneity. *Sociology of Education*, *84*(4), 322-339. https://doi.org/10.1177/0038040711417008

Harris, B. (2009). 'Extra appendage'or integrated service? School counsellors' reflections on their professional identity in an era of education reform. *Counselling and Psychotherapy Research*, *9*(3), 174-181. https://doi.org/10.1080/14733140903032208

Harris B. (2017). Using scoping reviews to document and synthesize current practices in school-based counselling. In J. Carey, B. Harris, S. Lee, O. Aluede (Eds.). *International Handbook for Policy Research on School-Based Counseling* (pp. 45-57). Springer.

https://doi.org/10.1007/978-3-319-58179-8_4

Hohenshil, T. H., Amundson, N. E., & Niles, S. G. (2015). Counseling around the world: An international handbook. Alexandria, VA: American Counseling Association. https://doi.org/10.1002/9781119222736

Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, *46*(1), 3-10. https://doi.org/10.1016/j.jadohealth.2009.08.008

Johansson, C. (2003). *Visioner och verkligheter: kommunikationen om företagets strategi*. [Visions and realities. A case study of communication on corporate strategy]. (Doctoral dissertation, Acta Universitatis Upsaliensis).

Johansson, C. (2003). Visioner och verkligheter. Kommunikationen om företagets strategi. *(Visions and realities. A case study of communication on corporate strategy).* [Doctoral dissertation, Uppsala University.] Uppsala Studies in Media and Communication 2. https://www.diva-portal.org/smash/get/diva2:162504/FULLTEXT01.pdf

Julal, F. S. (2013). Use of student support services among university students: Associations with problem-focused coping, experience of personal difficulty and psychological distress. *British Journal of Guidance and Counselling, 41*(4), 414-425. https://doi.org/10.1080/03069885.2012.741680

Krippendorff, K. (2004). Reliability in content analysis: Some common misconceptions and recommendations. *Human communication research*, *30*(3), 411-433. https://doi.org/10.1093/hcr/30.3.411

Kvale, S. (1994). Ten standard objections to qualitative research interviews. *Journal of Phenomenological Psychology*, *25*(2), 147-173. https://doi.org/10.1163/156916294×00016

Larcombe, W., Finch, S., & Sore, R. (2015). Who's distressed?: Not only law students: Psychological distress levels in university students across diverse fields of study. The *Sydney Law Review, 37*(2), 243-273.

Lester, D. (2005). The classic systems of psychotherapy and suicidal behavior. In Yufit, R. I., & Lester, D. (Eds.). *Assessment, treatment, and prevention of suicidal behavior* (pp. 145-161). John Wiley & Sons.

Lincoln, Y. S., & Guba, E. G. (1985). Establishing trustworthiness. *Naturalistic Inquiry*, *289*(331), 289-327.

Low, P. K. (2009). Considering the challenges of counselling practice in schools. *International Journal for the Advancement of Counselling, 31*(2), 71-79. https://doi.org/10.1007/s10447-009-9069-1

Low, P. K. (2015). School counselling in Singapore: teachers' thoughts and perceptions. *Asia Pacific Journal of Counselling and Psychotherapy*, *6*(1-2), 17-27. https://doi.org/10.1080/21507686.2014.1002801

Low, P. K. (2015). Stakeholders' perceptions of school counselling in Singapore. *Journal of Psychologists and Counsellors in Schools*, *25*(2), 200-216. https://doi.org/10.1017/jgc.2014.21

Loynd, C., Cooper, M., & Hough, M. (2005). Scottish secondary school teachers' attitudes towards, and conceptualisations of, counselling. *British Journal of Guidance and Counselling*, *33*(2), 199-211. https://doi.org/10.1080/03069880500132722

MacNell, L., Driscoll, A., & Hunt, A. N. (2015). What's in a name: Exposing gender bias in student ratings of teaching. *Innovative Higher Education*, *40*(4), 291-303. https://doi.org/10.1007/s10755-014-9313-4

Mulder, A. M., & Cashin, A. (2015). Health and wellbeing in students with very high psychological distress from a regional Australian university. *Advances in Mental Health*, *13*(1), 72-83. https://doi.org/10.1080/18374905.2015.1035618

Ng, C. H. (2018). Mental health and integration in Asia Pacific. *BJPsych International*, *15*(4), 76-79.https://doi.org/10.1192/bji.2017.28

Ng, F. S. D. (2014). Complexity-based learning—An alternative learning design for the twenty-first century. *Cogent Education*, *1*(1), 970325. https://doi.org/10.1080/2331186x.2014.970325

Nugent, F., & Stapleton-Little, C. (1995). An introduction to the profession of counseling. *Psyccritiques*, *40*(3).

Nguyen, M. H., Serik, M., Vuong, T. T., & Ho, M. T. (2019). Internationalization and its discontents: Help-seeking behaviors of students in a multicultural environment regarding acculturative stress and depression. *Sustainability*, *11*(7), 1865. https://doi.org/10.3390/su11071865

Pang, S., Liu, J., Mahesh, M., Chua, B. Y., Shahwan, S., Lee, S. P., & Subramaniam, M. (2017). Stigma among Singaporean youth: A cross-sectional study on adolescent attitudes towards serious mental illness and social tolerance in a multiethnic population. *British Medical Journal Open*, *7*(10), e016432. https://doi.org/10.1136/bmjopen-2017-016432

Parahoo, K. (2014). *Nursing research: Principles, process and issues (3rd ed.)*. Macmillan International Higher Education.

Patton, M. Q. (2002). Two decades of developments in qualitative inquiry: A personal, experiential perspective. *Qualitative Social Work*, *1*(3), 261-283. https://doi.org/10.1177/1473325002001003636

Phelan, J. E., & Basow, S. A. (2007). College students' attitudes toward mental illness: An examination of the stigma process 1. *Journal of Applied Social Psychology*, *37*(12), 2877-2902. https://doi.org/10.1111/j.1559-1816.2007.00286.x

Picco, L., Abdin, E., Chong, S. A., Pang, S., Vaingankar, J. A., Sagayadevan, V., Kian, W. K., & Subramaniam, M. (2016). Beliefs about help seeking for mental disorders: Findings from a mental health literacy study in Singapore. *Psychiatric Services*, *67*(11), 1246-1253. https://doi.org/10.1176/appi.ps.201500442

Platts, J., & Williamson, Y. (2000). The use of cognitive-behavioural therapy for counselling in schools. In Barwick, N. (Ed.), *Clinical Counselling in Schools* (pp. 96-107). Routledge. https://doi.org/10.4324/9780203135587-11

Polat, F., & Jenkins, P. (2005). Provision of counselling services in secondary schools: A survey of local education authorities in England and Wales. *Pastoral Care in Education*, *23*(4), 17-24. https://doi.org/10.1111/j.1468-0122.2005.00347.x

Price-Robertson, R., Obradovic, A., & Morgan, B. (2017). Relational recovery: Beyond individualism in the recovery approach. *Advances in Mental Health*, *15*(2), 108-120. https://doi.org/10.1080/18387357.2016.1243014

Purvis, B., Brandt, R., Rouse, C., Vera, W., & Range, L. M. (1988). Students' attitudes toward hypothetical chronically and acutely mentally and physically ill individuals. *Psychological Reports*, *62*(2), 627-630. https://doi.org/10.2466/pr0.1988.62.2.627

Rickwood, D. (2005). Supporting young people at school with high mental health needs. *Journal of Psychologists and Counsellors in Schools*, *15*(2), 137-155. https://doi.org/10.1375/ajgc.15.2.137

Rao, V., Goga, J., Inscore, A., Kosi, R., Khushalani, S., Rastogi, P., Subramaniam, G., & Jayaram, G. (2011). Attitudes towards mental illness and help-seeking behaviors among South Asian Americans: Results of a pilot study. *Asian Journal of Psychiatry*, *4*(1), 76. https://doi.org/10.1016/j.ajp.2010.09.007

Rolfe, G. (2006). Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of Advanced Nursing*, *53*(3), 304-310. https://doi.org/10.1111/j.1365-2648.2006.03727.x

Rowley, J. (2012). Conducting research interviews. *Management Research Review*, *35*(3/4), 260-271. https://doi.org/10.1108/01409171211210154

Schwartz, L. S. (2010). *Faculty role in responding to the acutely distressed college student*. Doctoral dissertation, The George Washington University]. ProQuest Dissertations Publishing. https://www.proquest.com/openview/0dc420722673e302da9836fb5dec06fb/1?pq-origsite=gscholar&cbl=18750

Shanmugaratnam, T. (2006, Sept 4). Keynote address by Mr Tharman Shanmugaratnam, Minister for Education & Second Minister for Finance, at the teachers' mass lecture. http://www.moe.gov.sg/media/speeches/2006/sp20060904.htm

Silverman, D. (2006). *Interpreting qualitative data: Methods for analyzing talk, text and interaction*. Sage.

Sink, C. A. (2005). *Contemporary school counseling: Theory, research, and practice*. Lahaska Press.

Smith, J. A., Flowers, P., & Larkin, M. (2009). Interpretative phenomenological analysis: Theory, method and research. Sage.

Speziale, H. S., Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*, (4th ed., pp.20-31). Lippincott Williams & Wilkins.

Stake, R. E. (1995). *The art of case study research*. Sage.

Stallman, H. M. (2010). Psychological distress in university students: A comparison with general population data. *Australian Psychologist*, *45*(4), 249-257. https://doi.org/10.1080/00050067.2010.482109

Stallman, H. M., & Shochet, I. A. N. (2009). Prevalence of mental health problems in Australian university health services. *Australian Psychologist*, *44*(2), 122-127. https://doi.org/10.1080/00050060902733727

Steven, N. P. Y., & Ada, C. Y. L. (2019). Counselling referral for university students: A phenomenological study from the teachers' perspective. *British Journal of Guidance and Counselling*, *47*(5), 579-589. https://doi.org/10.1080/03069885.2019.1621985

Strand, T. (2001). *Ledelse, organisasjon og kultur* (Vol. 4). Fagbokforlaget.

Straughan, P. T., & Seow, A. (1998). Fatalism reconceptualized: A concept to predict health screening behavior. *Journal of Gender, Culture and Health*, *3*(2), 85-100. https://doi.org/10.1023/a:1023278230797

Strepparava, M. G., Bani, M., Zorzi, F., Corrias, D., Dolce, R., & Rezzonico, G. (2015). Cognitive counselling intervention: Treatment effectiveness in an Italian university centre. *British Journal of Guidance and Counselling, 44*(4), 423-433. https://doi.org/10.1080/03069885.2015.1110561

Tan, E. (2002). Care and control: On the relationship between discipline and counseling in education. *Centre for Development of Teaching and Learning*, *5*(5), 1-6.

Tan, E. (2004). Career guidance and career counseling in schools. In *E. Tan (Ed)*. *Counselling in schools: Theories, processes, and techniques* (pp. 105-133). McGraw Hill.

Tovar, E. (2015). The role of faculty, counselors, and support programs on Latino/a community college students' success and intent to persist. *Community College Review*, *43*(1), 46-71. https://doi.org/10.1177/0091552114553788

Uffelman, R. A., & Hardin, S. I. (2002). Session limits at university counseling centers: Effects on help-seeking attitudes. *Journal of Counseling Psychology, 49*(1), 127-132. https://doi.org/10.1037/0022-0167.49.1.127

Vivekananda, K., Telley, A., & Trethowan, S. (2011). A five year study on psychological distress within a university counselling population. *Journal of the Australian and New Zealand Student Services Association, 37*, 39-57.

Walters, A. J. (1995). The phenomenological movement: Implications for nursing research. *Journal of Advanced Nursing*, *22*(4), 791-799. https://doi.org/10.1046/j.1365-2648.1995.22040791.x

Woods, O., & Kong, L. (2020). New cultures of care? The spatio-temporal modalities of home-based smart eldercare technologies in Singapore. *Social and Cultural Geography*, *21*(9), 1307-1327. https://doi.org/10.1080/14649365.2018.1550584

Wynaden, D., Wichmann, H., & Murray, S. (2013). A synopsis of the mental health concerns of university students: Results of a text-based online survey from one Australian university. *Higher Education Research and Development*, *32*(5), 846-860. https://doi.org/10.1080/07294360.2013.777032

Yin, R. K. (2015). *Qualitative research from start to finish*. Guilford Publications.

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