International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Stigma Surrounding Help-seeking for Mental Health among College Students

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Abstract
Stigma surrounding help-seeking for mental health remains a significant barrier among college students and negatively affects their psychological well-being, academic performance, and willingness to access professional support. The present study aimed to explore the stigma surrounding help-seeking for mental health among college students using a qualitative approach. A semi-structured interview method was employed, in which 7 open-ended questions were administered to 12 college student participants. Although the study followed a qualitative interview format, the data were systematically analyzed using thematic analysis to identify recurring patterns in participants' responses. The analysis resulted in seven major themes and several corresponding subthemes. The major themes identified were Disclosure, Misconceptions, Help-Seeking, Support, Service Preferences, Mental Health Awareness, and Narrative Influence. Among these, Help-Seeking, Mental Health Awareness, and Narrative Influence emerged as the most frequently reported themes, indicating students' increasing openness, evolving understanding, and the positive role of media and shared narratives in reducing stigma, while Disclosure was the least reported theme due to persistent fear of negative evaluation.

Keywords: College students, Help-seeking, Mental health, Stigma

Chapter 1
Introduction

Interview is one of the most commonly used methods of data collection. It aims to obtain data regarding respondents with minimum bias and maximum efficiency. It is one way data can be collected is by asking questions to the participants. The interview can be termed as a direct method that may help in gathering relevant information directly from the participants. Kerlinger (1995) described an interview as "a face-to-face interpersonal role situation in which one person, the interviewer, asks a person being interviewed, the respondent, questions designed to obtain answers pertinent to research problems". The key points in this definition are that there are two main individuals involved, the interviewer and the interviewee who are involved in a face-to-face interaction, which intends to elicit some desired information from the interviewee.

During this interaction, the interviewer will ask certain questions to the interviewee to elicit responses.

The interviewer neither tries to help the interviewee nor to educate the interviewee. The interviewer is interested in eliciting information from the interviewee and the interviewee is likely to be one of many from whom similar information is elicited. Usually, interviews are reserved for a very small group of specially selected individuals, often called key informants. Typically, these are people who have unique perspectives on the issues or unique access to information.

An interview provides an opportunity for follow-up questions, and it is possible to explore complex issues more fully than could be done with a few isolated paper and-pencil questions. Finally, interviews allow you to gather information from individuals who are unable to read and answer printed questions such as young children, people who cannot read, and people with low IQs.

A major concern with the interview is that interviewer bias can distort the results. The participant's response may be influenced by subtle actions on the part of the interviewer. Although it is impossible to eliminate this problem, it can be limited if the interviewer maintains a consistent attitude throughout the entire interview. A common strategy is to adopt a universal, mildly positive response to anything the participant says. For the success of the interview, we should take care of the interaction between the respondent and the interviewer.

One of the main aspects of the interview is the interview schedule. The interview schedule is nothing but questions that the interviewer has to ask as well as certain guidelines concerning how the interviewer is expected to proceed with the interview. Preparing an interview schedule is a challenge and a lot of planning and work is required. While preparing an interview schedule one needs to be sure that the sentences are specific and clear and lack words with double meaning or ambiguous words. Though interview schedules are costly and time consuming, the amount of information that can be obtained with the help of an interview schedule is large. Before preparing an interview schedule suitable background information needs to be collected about the focus of research and research problems. An interview schedule will mainly constitute 'identification information or face sheet, census type information and problem information' (Kerlinger, 1995). Identification information is mainly required to be able to identify the schedule.

The items in the interview schedule could be open ended or close ended. In open ended items, a frame is provided for the answer but otherwise, the interviewee has the freedom to answer the way he/ she wants to. In close ended items certain fixed alternatives are provided from which the interviewee has to select, thus, limiting the flexibility of answers. In certain cases, scales are also used in interview schedules where responses can be provided in terms of degree of agreement or disagreement. The researcher or the interviewer needs to carefully decide about what type of items he/ she wants in his/ her interview schedule based on the research problem. While carrying out an interview, audio and video recordings can be carried out with due permission of the interviewee(s).

Advantages Of Interview

The interview as a research tool has both advantages and disadvantages. According to Gordon (1969), its major advantages are as follows; An interview allows greater flexibility in the process of questioning. As many types of probe questions can be put and analyzed. It facilitates the investigator in obtaining the desired information readily and quickly, It facilitates the investigator in being sure that interviewees have themselves interpreted and answered the questions. This increases the validity of the conclusion arrived at. In an interview, a desired level of control can be exercised over the situation or context within which questions are asked and answers are given. The validity of verbal information given by the interviewees can easily be checked based on their nonverbal cues.

Disadvantages Of Interview

There are several disadvantages associated with an interview. By making the interview structured, several of these disadvantages can be done away with, but even then, little can be done to offset the limitation of time. The major disadvantages are;

Interviewers Variability

Interviewer views similar responses differently and record them differently from interview to interview. Thus, he becomes a source of variation.

Inter interviewer Variability

When several interviewers are used in a study and the nature of the interview is unstructured, the interviewers vary considerably among themselves in their respective abilities to elicit the exact kind of information needed, project the proper kind of image, record the information appropriately and so on.

Validity and Dependability of Verbal Responses

In an interview, the interviewees verbally answer the questions asked by interviewers. Verbal responses can't be relied upon with a considerable degree of validity and dependability.

Time

The interview takes much time in its completion because each interviewee is interviewed individually and the records of verbal interaction of each interviewee are kept individually.

Variation Inherent to Interviewing Context

Interviewing context doesn't ordinarily remain constant as interviewers move from one interview to another. Thus, the context of the interview itself becomes a variable.

Recording Information

There is no foolproof system of recording that has yet been worked out to everybody's satisfaction. Some prefer to jot down main comments or points made at crucial junctures during interviewing, while others prefer to record the information in detail and still others prefer to rely on some type of recording device for the interview. Since there is no standard way of recording information, the dependability of the interview becomes adversely affected in the absence of a standardized criterion.

According to Cannell and Kahn (Lindzey & Aaronson 1968), there are three necessary conditions for a successful personal interview:

Accessibility means that the required information must be accessible and conveyable by the interviewee without causing embarrassment.

Cognition refers to the interviewee's ability to understand what is required of them and the type of information needed.

Motivation involves the interviewee being willing to give accurate answers, and the interviewer should try to build motivation if the interviewee lacks it. The success of the interview also largely depends on the personality of the interviewer, who must be a trained person capable of asking probing questions impartially and exhibiting a permissive attitude throughout.

Functions of the Interview as a Research Tool

The interview serves two primary functions, which give it a positive advantage over other data collection methods:

Description

It provides insight into the interactive quality of social life, enabling the interviewer to understand how people view the subject under investigation through verbal interaction.

Exploration

It provides insight into the unexplored dimensions of a subject. Talking with interviewees helps in exploring some new variables, sharpening conceptual clarity, and stimulating the development of hypotheses for subsequent testing. Of the two, exploration is considered more important.

Sources Of Errors in the Interview

Although interviews are commonly used as an important method of data collection in the behavioural sciences, they are subject to several significant sources of error. These errors can be minimized by employing skilled interviewers who are able to manage and conduct the interview procedure effectively. Major sources of error in interviewing include the attitude of the interviewer, as definite bias toward favourability or unfavorability can prevent accurate evaluation of responses. Another source of error is the incomprehensibility of questions asked, since deliberately difficult or unclear questions may prevent interviewees from providing correct answers. A lack of warmth in the interviewer's manner, such as unfriendly or curt behaviour, may cause interviewees to become uncooperative. In addition, a lack of motivation among respondents to answer questions constitutes a major source of error. Finally, an unnecessarily long duration of the interview can make interviewees feel nervous, tired, and monotonous, which may further affect the quality of their responses.

Types of Interviews

Structured Interview

A structured interview, also known as a formal interview, follows a strict format that specifies the order and exact wording of questions. The questions are predefined, sequenced, and worded in a certain way, and answers are recorded in a standardized form. This means there is not much freedom for the interviewer to make changes. They are designed for administration by non-clinicians, such as research assistants, in large-scale studies. Since the situation, questions, sequence, and scoring are predetermined, relatively less trained interviewers can conduct them smoothly.

Semi-structured Interview

Semi-structured interviews are more frequently used by trained clinicians. They combine structured and unstructured elements. While a predetermined interview schedule exists, the interviewer has the freedom to modify it and pursue additional information when appropriate. This provides a flexible framework while still promoting consistency across administrations.

Unstructured Interview

The unstructured interview, or informal interview, is the most flexible type. Questions are not predetermined, and the interviewer has full freedom to ask questions in the way and sequence they want, based on key points. This necessary freedom allows the interviewer to make modifications as per the demand of the situation. The primary advantage is the ability to dig deeper, allowing the interviewer to get a deeper understanding of the respondent's behaviour and personality. However, this type has greater scope for personal influence and bias, requires greater skill on the part of the interviewer, and the data is difficult to quantify and analyze statistically.

Telephonic Interviews

Telephones can also be used to collect different types of data. Telephone interviews are commonly used by companies for candidate screening to narrow the pool of applicants invited for in-person interviews. They minimize expenses associated with interviewing out of-town candidates and help efficiently target candidates. There are three main types:

Information Gathering Interviews

Used to quickly determine interest in the company and potential fit before a longer interview. Screening Calls: Used to narrow the applicant pool, lasting anywhere from 15 to 45 minutes. In-Depth Telephone Interviews: Used to minimize travelling expenses for out-of-town candidates.

The usefulness of interviews is influenced by three major groups of factors:

Characteristics of Interviewers

It includes both subjective characteristics (like inquisitive minds, essential for exploratory research) and objective characteristics (like age, sex, race, education, and manners) play a role. The objective characteristics, in particular, may interfere with the verbal dialogue.

Characteristics of Interviewee

These include the capacity to verbalize (people with limited communication skills or little formal training are not suitable) and the willingness of interviewees to express their viewpoints. Nature of Problem Under Study: When research problems touch segments of a person's private life or create special difficulties in verbalization, the scientific quality of interviewing is affected.

Stigma Surrounding Help-Seeking for Mental Health Among College Students

Stigma is a concept introduced by sociologist Erving Goffman (1960) to describe an attribute that is deeply discrediting, reducing a person from a whole and usual individual to someone who is tainted and socially devalued. Stigma refers to the negative beliefs, attitudes, and judgments that society directs toward individuals or groups who are viewed as different. It includes labelling people, attaching stereotypes, separating them from others, and treating them as inferior or less deserving. Stigma is shaped by cultural ideas, social expectations, media messages, and longstanding biases. When stigma occurs, the people who experience it may feel fear, shame, exclusion, or discrimination. This can limit their opportunities, reduce their confidence, and affect their participation in social, educational, and work-related activities. Although stigma can affect many groups such as individuals with physical disabilities, chronic conditions, or addictions, it is particularly strong In the area of mental health where myths, misunderstanding, and fear are common.

Types of Stigma

Stigma appears in several forms, and understanding these types helps explain how it influences individuals from different directions.

Public Stigma

Public stigma refers to a set of negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people with mental illness (Corrigan and Penn 1999).

Self- Stigma or Internalized Stigma

Self-stigma refers to the process by which individuals internalize negative stereotypes and prejudices held by society about their condition, leading to reduced self-esteem, self-efficacy, and motivation to seek help (Corrigan & Watson, 2002; Vogel et al., 2006).

Structural Stigma

Structural stigma refers to societal-level conditions, cultural norms, and institutional policies and practices that systematically restrict the rights, opportunities, and resources of stigmatized groups (Hatzenbuehler & Link, 2014).

Perceived Stigma

Perceived stigma refers to an individual's awareness or belief that most people in society hold negative stereotypes, prejudices, and discriminatory attitudes toward persons with mental illness or toward those

who seek psychological help (Link et al., 1989; Vogel et al., 2006).

Label Avoidance

Corrigan (2004) suggested that label avoidance occurs when individuals refuse diagnosis or treatment to avoid being identified as mentally ill. This may include avoiding therapy or medication due to fear of judgment.

Associative Stigma or Courtesy Stigma

Corrigan (2004) suggested that associative stigma affects those who are connected to an individual with mental illness, such as parents, spouses, or friends. For example, a parent may be blamed for their child's condition, or friends may be judged for offering support to someone with addiction.

Health Practitioner Stigma

Corrigan (2004) suggested that health practitioner stigma happens when healthcare providers show negative attitudes or discrimination toward individuals with mental illness. A doctor may take physical symptoms less seriously because a patient has a psychiatric history, or a counsellor may unintentionally show bias.

Corrigan (2004), suggest that stigma in mental health refers to negative assumptions, stereotypes, and discriminatory behaviours directed at people who experience psychological disorders. This stigma often comes from fear, misinformation, and cultural beliefs. One major impact is social exclusion, where individuals are distanced by family, peers, or society; for instance, people may start avoiding someone after learning about their disorder. Stigma also reduces help seeking, as many avoid therapy or medication due to fear of being judged. Discrimination appears in work, education, housing, and healthcare, such as employers rejecting applicants who disclose mental health challenges or hospitals prioritizing physical health over mental health. Another effect is internalized shame, where individuals feel guilt, embarrassment, or hopelessness, which lowers self-worth and worsens symptoms. Overall, stigma creates additional emotional stress and interferes with recovery.

College students face unique pressures including academic performance, social expectations, and adjusting to independence. During this stage, mental health stigma is common and strongly influences help seeking. Many students fear being judged by peers and worry that seeking support will make them appear weak, unstable, or incapable of handling stress. Competitive academic environments also contribute to the belief that admitting mental health concerns may be seen as failure. Cultural values and lack of awareness further reinforce misconceptions about mental health.

Students experience several forms of stigma on campus. Self-stigma appears when they feel ashamed or blame themselves for mental health issues such as anxiety or depression. Public stigma arises when peers talk negatively about those who visit counselling centres. Label avoidance occurs when students purposely avoid mental health services to prevent being labelled. Perceived stigma happens when students assume they will be judged even if that is not the case.

The outcomes of stigma in college include reduced help seeking, delayed diagnosis, poor academic performance, higher stress, increased anxiety or depression, and withdrawal from friends or social activities. Some students may use unhealthy coping methods such as substance use or self-harm. Many also struggle with loneliness and lower self-esteem. This shows the importance of addressing stigma within college environments to support students' mental well-being.

Stigma related to seeking help for mental health concerns is a major barrier faced by many college students today. College life brings academic pressure, social changes, identity exploration, and emotional challenges, making students more vulnerable to stress, anxiety, and other psychological difficulties. Even

when support services are available, many students hesitate to reach out because they fear being judged, misunderstood, or labelled as weak. This negative perception, known as stigma, can exist both internally, where students doubt themselves, and externally, where they worry about how others might react. As a result, stigma not only prevents students from accessing timely professional help but also contributes to worsening mental health conditions. Understanding the nature of this stigma is essential for creating a supportive campus environment that encourages students to seek help without fear or shame.

Mental health is a crucial part of overall well-being. It greatly affects how individuals see and engage with their surroundings. It shapes how people think, manage their emotions, handle challenges, and maintain relationships. The World Health Organization (2001) states that mental health is a positive state where a person can effectively use their skills, cope with everyday stresses, work productively, and contribute to their community. This means that mental health is not just the absence of mental illnesses; it represents a balance of emotional, psychological, and social well-being that supports meaningful daily life.

An array of mental health Issues can impact individuals at various points in their lives. These typically include anxiety disorders, mood disorders, bipolar disorder, stress related challenges, and difficulties with adjustment. Anxiety may be characterized by persistent worry or unease. Depression typically presents as profound sadness, diminished energy, and disinterest in activities. Stress-related issues often arise from excessive pressures related to academic, personal, or work-related obligations. While the severity and symptoms vary, all these conditions can considerably interfere with a person's everyday functioning if left untreated.

The factors that lead to mental health challenges are complex and connected. Biological elements like genetic risk and chemical imbalances can affect mental health. Psychological factors, including personality traits, resilience, and past traumas, also play an important role. Social and environmental conditions, such as difficult family relationships, financial stress, academic pressure, and unrealistic societal expectations, can raise vulnerability. The impact of digital life and social media has increased quickly. It often brings constant comparison, fear of missing out, and pressure to keep up a perfect online image.

Since mental health issues can escalate if left unaddressed, it's crucial to seek assistance. Professional help through counselling, therapy, or medical treatment can aid individuals in comprehending their emotions and thoughts while fostering healthier coping strategies.

Addressing concerns early can avert long-lasting difficulties and enhance overall outcomes. Nevertheless, many individuals hesitate to reach out for support due to stigma, misconceptions, or fear of being judged. Fostering open dialogue and normalizing mental health care are vital steps toward encouraging people to seek help.

Families and communities also play a significant part in shaping mental well-being. The role of family and society involves providing emotional warmth, understanding, and acceptance. Supportive family environments allow individuals to express their emotions safely and seek help when necessary. At the societal level, institutions such as colleges, workplaces, and community organizations can promote mental well-being through awareness programs, accessible counselling services, and policies that prioritize psychological safety. When society becomes more accepting and informed, individuals feel more confident to acknowledge their struggles.

Mental health concerns are especially prominent among college students, who face a unique set of challenges. This phase of life involves adjusting to independence, managing academic responsibilities, forming social connections, and planning for future careers. Students often experience pressure to perform

well and meet expectations, which can lead to stress, anxiety, or burnout. Social media further increases comparison and self-doubt.

Without proper support, these challenges can affect motivation, emotional stability, and academic success. The impact of mental health on daily life is significant. Poor mental health can lower concentration, disrupt sleep, change eating habits, and make decision-making harder. It can also affect physical health, cut down productivity, and create stress in personal relationships.

People may withdraw from social events, lose interest in activities they once enjoyed, or find it tough to finish even simple tasks. Recognizing these various effects shows how important mental health is, alongside physical health.

Nurturing good mental health requires consistent effort and mindfulness. Various strategies can enhance mental wellness. These strategies encompass sticking to a consistent sleep routine, participating in physical activities, pursuing interests and hobbies, developing supportive social relationships, and utilizing relaxation methods such as meditation and mindfulness practices. Cultivating emotional awareness, establishing healthy boundaries, and reaching out for help when needed are also crucial methods to boost resilience.

Despite growing awareness, many barriers to accessing mental health care still exist. These include stigma, lack of information, financial constraints, limited availability of services, and cultural attitudes that discourage emotional expression. Some individuals fear being misunderstood or worry about confidentiality. Reducing these barriers requires improved mental health education, accessible and affordable services, and environments that encourage people to speak openly about their struggles.

In today's digital age, social media has a strong influence on mental health. While it provides opportunities for communication and support, excessive or unbalanced use can lead to comparison, loneliness, and emotional exhaustion. Exposure to unrealistic portrayals of success, beauty, and lifestyle can negatively affect self-esteem. Managing screen time and using social media mindfully are important strategies to protect mental well-being.

In conclusion, mental well-being has a profound impact on how individuals operate, connect with others, and navigate life's difficulties. It is crucial to recognize prevalent mental health problems, comprehend their underlying causes and risk factors, diminish stigma, and motivate individuals to seek assistance promptly. These actions are vital for fostering a healthier community. By enhancing support systems, encouraging positive coping mechanisms, and addressing obstacles to access, both individuals and communities can cultivate an atmosphere that prioritizes and nurtures mental wellness. When mental health is given precedence, individuals can enjoy balanced, satisfying, and productive lives.

Eisenberg et al. (2009), suggests that stigma surrounding help-seeking for mental health among college students refers to the negative attitudes, beliefs, and stereotypes that prevent students from reaching out for psychological support, even when they are struggling. Many students fear being judged as "weak", "unstable," or "incapable" if they seek counselling or therapy, leading them to hide their struggles. Social expectations to appear strong and independent, academic pressure, and the cultural belief that mental health problems should be dealt with privately all contribute to this stigma. As a result, students may normalize stress and emotional pain, avoid campus mental health services, or delay treatment until symptoms worsen. This stigma not only increases feelings of isolation and distress but can also negatively impact students' academic performance, social relationships, and overall well-being. Reducing stigma through awareness programs, peer support, and open conversations about mental health can encourage students to view help-seeking as a sign of strength rather than weakness.

Objective of Study

To explore the stigma surrounding help-seeking for mental health among college students and the factors influencing their attitudes towards seeking psychological support.

Definition of Key Terms

Stigma

Stigma is defined as an attribute that is deeply discrediting, a concept introduced by sociologist Erving Goffman (1960), which reduces a person from a whole and usual individual to someone who is tainted and socially devalued.

Mental Health

The World Health Organization (2001) states that mental health is a positive state where a person can effectively use their skills, cope with everyday stresses, work productively, and contribute to their community.

Chapter 2

Review of Literature

A literature review is a comprehensive review and analysis of published literature that relates to a particular research topic or question being studied. Various forms of literature are reviewed that can include journal articles, books, magazine and blog articles, published abstracts, conference proceedings, and dissertations. Literature review in research is one of the pillars on which your research idea stands since it provides context, relevance, and background to the research problem you are exploring.

Literature reviews can be categorized as experimental and theoretical. Experimental literature review basically refers to surveying all the information available on a particular topic and critically analysing the gaps that need to be worked upon. In this sense, it essentially forms the first experiment of any research project. The more extensive the review, the more precise and systematic the research project will be. Therefore, it is one of the most critical parts of one's research.

Mackenzie et al. (2006) examined age and gender differences in attitudes and intentions toward seeking professional psychological help among 206 community-dwelling adults. The study found that older adults and women generally held more positive help-seeking attitudes, although these effects varied with marital status and education. Women showed stronger intentions to seek help from mental health professionals due to greater psychological openness, while older adults were more inclined to seek assistance from primary care physicians rather than mental health specialists. The findings suggest that negative attitudes toward psychological openness may contribute to men's underutilization of mental health services, whereas older adults' help-seeking is influenced more by service preference than by negative attitudes.

Rickwood and Thomas (2012) examined the conceptualization and measurement of help-seeking in the context of mental health research, policy, and practice and reported that no widely accepted definition or commonly used conceptual measurement framework currently exists. They further stated that an agreed definition that supports comparable measurement of help-seeking behavior is lacking. To address this gap, the authors proposed a conceptual measurement framework. The framework specifies essential elements for measurement, including the stage of the help-seeking process and its corresponding timeframe, the source and type of assistance, and the type of mental health concern. The authors argued that adopting this framework would facilitate progress in the field by providing much-needed conceptual consistency. This consistency would enable comparisons across studies and population groups and would significantly

improve understanding of policy and practice initiatives aimed at enhancing access to and engagement with mental health services.

Sanghvi and Mehrotra (2021) investigated Indian research on help-seeking for mental health problems among adults. The authors searched studies published between 2001 and 2019 in databases such as PubMed, EBSCO, ProQuest, and OVID using relevant keywords. After applying the exclusion criteria, 52 relevant research studies were identified. The studies investigated several themes, including barriers and facilitators to help-seeking, sources of help, causal attributions, other correlates of help-seeking, the help-seeking process, and interventions to increase help-seeking. The majority of the studies were conducted among general community samples or treatment-seeking populations. Very few studies included distressed individuals who were not seeking treatment. The investigation indicated a severe lack of studies focusing on interventions to improve help-seeking. Furthermore, the findings showed that multiple barriers exist to professional help-seeking and that mere knowledge about mental illness and the availability of professional services may be insufficient to reduce delays in seeking professional help.

Skrobińska et al. (2024) examined help-seeking behavior among individuals with psychosis and reported that many people with psychosis do not seek help, resulting in delayed access to recommended treatments. The authors noted that a longer duration of untreated psychosis is associated with poorer healthcare outcomes and an increased risk of relapse. They further stated that the reasons for delays in accessing treatment remain unclear. The study represented the first systematic review to synthesize literature examining both professional and non-professional help-seeking in psychosis across clinical and subclinical populations. It was also identified as the first systematic review to specifically examine help-seeking behaviour in psychosis. The authors recommended that assertive and culturally sensitive engagement efforts should be targeted toward individuals with a history of early adversity, poor mental health literacy, limited social support, and more severe psychosis.

Tomczyk et al. (2019) examined the concurrent impact of structural and attitudinal factors on help-seeking behaviour for mental health problems, an area that has received limited research attention. Therefore, the authors investigated a longitudinal German community sample of adults with currently untreated mental health problems (N = 188, mean age = 50.34 years, 70.7% female) to assess perceived structural barriers (e.g., accessibility) and attitudinal barriers (e.g., anticipated self-stigma) in relation to help-seeking intentions and behaviour. The findings indicated that perceived accessibility and spatial and temporal distance from mental health services significantly predicted help-seeking. Among attitudinal factors, beliefs about treatment efficacy were strongly associated with help-seeking behavior. Additionally, among individuals who knew where to find a psychologist or psychotherapist, anticipated self-stigma emerged as a significant barrier to seeking help. The authors suggested that fostering positive treatment expectations and correcting inaccurate perceptions of structural aspects of mental health services may help reduce the gap in mental health care utilization. However, they emphasized that the role of anticipated self-stigma in the help-seeking process requires further investigation.

Eisenberg et al. (2009) examined mental illness stigma as an important barrier to help-seeking for mental health problems. The authors investigated the association between help-seeking behaviour and both perceived public stigma and personal stigmatizing attitudes using a random sample of 5,555 students from 13 diverse universities. The study identified three main findings. First, perceived public stigma was substantially higher than personal stigma. Second, personal stigma was higher among students who were male, younger, Asian, international, more religious, or from economically disadvantaged backgrounds. Third, personal stigma was significantly and negatively associated with multiple indicators of help-

seeking, including perceived need and the use of psychotropic medication, therapy, and non-clinical sources of support, whereas perceived public stigma was not significantly associated with help-seeking. These findings highlighted the importance of addressing personal stigma in efforts to reduce barriers to mental health help-seeking.

Kosyluk et al. (2020) examined the contribution of various stigma-related constructs to help-seeking for mental illness among college students, a population highly affected by mental health problems. The authors noted that these constructs had not previously been tested within a single model in this group. The study investigated factors contributing to help-seeking behaviour using data from 153 college students. Path analysis was employed to evaluate a model examining the relationships among level of familiarity, personal stigma, desired social distance, label avoidance, attitudes toward treatment seeking, and intentions to seek treatment. The findings indicated that label avoidance, attitudes toward treatment seeking, and intentions to seek treatment could be enhanced through interventions aimed at increasing students' levels of familiarity or intimate contact with individuals with mental illness. The study also discussed additional implications for practice and directions for future research.

Rafal et al. (2018) examined mental health literacy, psychosocial determinants, and help-seeking behaviours among male university students, as mental health literacy is generally low in this population and may contribute to poor mental wellbeing. The authors investigated a sample of 1,242 male undergraduate and graduate students surveyed during Spring 2017 at a large southeastern university in the United States. Prevalidated scales were used to measure mental health literacy, psychosocial determinants, and help-seeking intentions, and demographic variables were also collected. The data were analysed using t-tests and one-way ANOVA to determine differences between groups. The findings indicated low scores across all constructs, with statistically significant differences between undergraduate and graduate students, as well as across racial groups and academic major classifications. Undergraduate men demonstrated moderate mental health literacy but low intentions to seek professional mental health care. The study suggested that interventions aimed at increasing mental health knowledge and improving beliefs could enhance mental health literacy among male college students and should be tailored according to racial background and field of study.

Rayan and Jaradat (2016b) examined stigma toward mental illness and attitudes toward seeking professional psychological help (ATSPPH: Attitudes Toward Seeking Professional Psychological Help) among Jordanian university students, as avoiding professional psychological help may have serious negative consequences for students' lives and empirical evidence from Arab populations is limited. The authors investigated the correlates of ATSPPH using a cross-sectional correlational design. Data were collected through an online survey from a sample of 519 Jordanian university students who completed measures assessing demographic variables, clinical characteristics, stigma toward mental illness, and ATSPPH. Hierarchical multiple regression analyses were conducted to test stigma toward mental illness as a correlate of ATSPPH while controlling for demographic and clinical variables. The findings indicated that Jordanian students exhibited relatively less favourable ATSPPH compared to students in other study populations. Female students, those enrolled in medically related specialties, students with a prior history of receiving mental health counselling services, and students reporting lower levels of stigma toward mental illness were more likely to demonstrate favourable ATSPPH. Furthermore, stigma toward mental illness emerged as the strongest correlate of ATSPPH, accounting for an additional 13% of variance beyond the 3% explained by other independent variables. The study emphasized that reducing stigma toward mental illness among Arab university students is a critical step in promoting positive attitudes

toward seeking professional psychological help and highlighted the need for accessible, professional, and culturally competent psychological services for this population.

Koutra et al. (2024) examined help-seeking reluctance among young adults in the context of high prevalence of mental health difficulties and the availability of mental health resources, highlighting inadequate mental health literacy (MHL) as a significant contributor to the treatment gap. The study investigated the association between MHL, attitudes toward mental illness, and self-stigma of seeking psychological treatment among university students. The sample comprised 485 students (24.5% males and 75.5% females) with a mean age of 19.54 years (SD = 1.45) from a regional university in Greece. Mental health literacy, attitudes toward severe mental illness, and self-stigma of help-seeking were assessed using the Mental Health Literacy Scale (MHLS), the Attitudes toward Severe Mental Illness scale (ASMI), and the Self-Stigma of Seeking Help Scale (SSOSH), respectively. The findings indicated that MHLS scores were positively correlated with three ASMI subscales, namely stereotyping, optimism, and coping, and negatively correlated with SSOSH scores. Multivariate linear regression analysis controlling for potential confounders showed that students with higher MHL were more likely to report non-stigmatizing attitudes toward mental illness and lower self-stigma related to seeking help from mental health professionals. The study further demonstrated that higher MHL was associated with more positive views regarding mental illness and reduced self-stigma of help-seeking. The authors suggested that addressing MHL should be a central component of psychoeducational interventions in universities to support students' intentions and practices related to seeking professional psychological help.

Chapter 3

Method

The Method chapter of a dissertation, research article, or proposal explains in detail the procedures that will be used to answer the research questions or test the hypotheses. Therefore, the Method section is logically derived from the problem statement, just as research questions emerge from the literature review. The main purpose of this chapter is to present a thorough and precise account of the procedures to be followed, with enough detail to enable a reader with no prior knowledge to replicate the study.

Research Design

The study employed a qualitative research design utilising semi-structured interview to explore stigma surrounding help seeking for mental health among college students. Qualitative research design is a flexible, interpretive approach used to explore and understand the complex, subjective, and contextual meanings of human experiences, behaviours, and social phenomena. Unlike quantitative, it focuses on the "why" and "how" through non-numerical data like text, audio, or video collected via interviews, observations, and focus groups.

Sample

The sample included college students and a total of 12 samples were collected.

Inclusion Criteria

Only college students were included in the study. Participants who were willing to take part in the interview, including both male and female students, were selected.

Exclusion Criteria

Individuals with severe mental health conditions such as schizophrenia, depression, and bipolar disorder were excluded from the study. Additionally, individuals who were currently undergoing psychiatric treatment for any psychological or psychiatric disorders were not included.

Tools used for data collection

- Personal data sheet
- Informed consent
- Questionnaire

Administration

The administration of the interview was carried out in a systematic and structured manner. The interview was conducted in a face-to-face setting with the participant in a calm and comfortable environment to ensure free and honest responses. Each question was asked clearly and one by one, and adequate time was given to the participant to think and respond. The responses were obtained verbally and noted down carefully by the investigator. Whenever necessary, probing questions were used to get more detailed and clear information. The participant was encouraged to answer openly, and reassurance about confidentiality was given before and during the interview. The entire interview was conducted in a friendly and non-judgmental manner, ensuring cooperation and accuracy of the data collected.

Data Collection Procedure

Prior to conducting the study, formal permission was obtained from the Principal of the college. After obtaining institutional permission, the participants were approached and informed about the nature and purpose of the study. Informed consent was taken from each participant, and they were assured that their participation was voluntary and that their responses would be kept confidential. A semi-structured face-to-face interview was then conducted in a calm and comfortable environment, allowing the participants to express their experiences freely.

Data Analysis

The data analysis of the present interview was carried out using the method of thematic analysis. After the completion of the semi-structured interview, the responses given by the participant were carefully reviewed and organized. The collected data were read repeatedly to gain a clear understanding of the participant's experiences. Important statements, phrases, and ideas were identified and coded systematically. Similar codes were then grouped together to form meaningful themes and subthemes. These themes represented the major psychological issues, emotional reactions, cognitive patterns, and behavioural responses associated with stigma surrounding help-seeking for mental health among college students.

Ethical Considerations

Prior to data collection, informed consent was obtained from the participant after explaining the purpose and nature of the study in a clear manner. The participant was assured that participation was completely voluntary and that they had the right to withdraw from the study at any time without any negative consequences. Confidentiality and privacy of the participant were maintained by not disclosing their name or any personal identifying information. The information collected was used only for academic purposes. The interview was conducted in a respectful, non-judgmental, and supportive manner to ensure that no psychological harm or discomfort was caused to the participant. The participant's dignity, rights, and well-being were given utmost importance throughout the study, thereby ensuring that the research was conducted in accordance with ethical principles of psychological assessment and research on stigma surrounding help-seeking for mental health among college students.

Chapter 4
Results and Discussion

The Results and Discussion section presents the findings obtained from the analysis of the collected data and interprets them in relation to the objectives of the study. This section focuses on describing what the data revealed without subjective interpretation.

The discussion part explains the significance of the findings by relating them to existing theories, previous research, and the research questions or hypotheses of the present study. Similarities and differences between the current findings and earlier studies are highlighted, and possible reasons for the observed results are discussed.

Following are the list of major themes that was identified from the thematic analysis of the answers obtained from the interview questions:

1. Disclosure
2. Misconceptions
3. Help-Seeking
4. Support
5. Services preferences
6. Mental health awareness
7. Narrative influence

Table 1 shows questions, minor themes and major themes

Theme 1

Disclosure

Disclosure refers to the willingness of students to share their mental health experiences with others. It exists on a continuum, where fear of judgment, negative evaluation, and social withdrawal can lead to concealment, while low stigma, trusted relationships, generational openness, and social support encourage open discussion. Disclosure is shaped by both perceived social risks and available support, influencing how comfortable students feel in seeking help and talking about mental health.

One prominent finding was the influence of Disclosure on students' engagement with mental health discussions. Students often experience fear of negative evaluation, judgment avoidance, and social withdrawal, which act as barriers to seeking help. Conversely, low stigma, generational openness, trusted disclosure, and strong social support facilitate open communication about mental health struggles, highlighting a continuum in disclosure practices.

The analysis of college students' perceptions and experiences regarding mental health revealed several key themes across the seven questions. Disclosure emerged as a major theme (Q1), reflecting the continuum of students' willingness to share mental health struggles. While fear of negative evaluation, judgment avoidance, and social withdrawal led to concealment, factors such as low stigma, normalization, generational openness, trusted disclosure, and social support encouraged openness. This highlights how perceived judgment and social support influence whether students speak openly about their mental health.

Theme 2

Misconceptions

Misconceptions refer to the false beliefs and myths about mental health that contribute to stigma among students. These include viewing mental illness as a sign of weakness, misunderstanding depression, believing it is something one can "snap out of," or denying its seriousness. Such misconceptions reinforce

Sl no	Questions	Minor themes	Major themes
1	Q1. How much does the fear of being judged by others prevent you from talking about your mental Health struggles?	Fear of negative evaluation, Judgment avoidance, Social withdrawal, Low stigma, Open disclosure, Social support orientation, Trusted disclosure	Disclosure
2	Q2. What specific myths about mental health do you think contribute most to stigma among College students?	Weakness belief, Intellectual disability stereotype, Illness misconception, Normalization of suffering, Issue denial, Snap-out myth, Misunderstanding of depression, Public stigma, Self-reliance ideology, Myth rejection.	Misconceptions
3	Q3. How do you think about yourself when considering seeking help, and what level of comfort do You have in discussing personal issues with a mental health professional?	Professional trust, Counselling comfort, Professional preference, Help-seeking difficulty, Comfort dependency, Conditional help-seeking, Growing openness, Insight development, Help-seeking ease, Help openness, Institutional stress, Practical barriers.	Help-Seeking
4	Q4. In your opinion, how can colleges encourage more students to seek help when they need it?	Supportive environment, Support systems, Support accessibility, Mental health awareness, Awareness programs, Psychoeducation, Counselling accessibility, Qualified support, Trust-building, Suicide prevention	Support
5	Q5. What types of mental health support services do you think would be most accepted and used by students?	Private counselling, Free counselling, Anonymous access, Peer support, Informal support, Flexible services, Multi-modal support, Awareness activities, Interactive support, Positive shift, Supportive environment.	Services preferences
6	Q6. How has your personal understanding of mental health changed over time?	Mental health literacy, Literacy growth, Growing awareness, Perception change, Stigma reduction, Healthy coping, Daily functioning view, Personal growth, Holistic awareness, Evolving awareness, Self-insight, Help-seeking growth.	Mental Health Awareness
7	Q7. How can storytelling platforms (blogs, podcasts,	Stigma reduction, Humanization, Empathy building, Shared experiences,	Narrative Influence

	videos) be used to humanize mental health struggles and reduce stigma?	Narrative healing, Psychoeducation, Media influence, Storytelling impact, Social and Cultural Influence, Cultural conflict, Celebrity influence, Narrative coping.	

public stigma, promote self-reliance, and discourage help-seeking, though some students are beginning to reject these myths as awareness grows.

Another major factor influencing students' understanding of mental health is Misconceptions, which arise from widespread myths and inaccurate beliefs about mental illness. Students frequently perceive mental health challenges as a sign of weakness, intellectual disability, or something one can simply "snap out of." These misconceptions reinforce negative perceptions, promote excessive self-reliance, and lead to the denial or minimization of mental health issues. At the same time, myth rejection indicates a growing awareness and a critical shift toward challenging these inaccurate beliefs among students.

Misconceptions Q2 ,played a central role in contributing to stigma among college students. Beliefs that mental illness signifies weakness, intellectual disability, or something that can be easily overcome ("snap-out" myth), along with normalization of suffering, issue denial, misunderstanding of depression, and an emphasis on self-reliance, reinforced inaccurate perceptions of mental health. However, the presence of myth rejection indicates a gradual shift toward more informed and critical understanding among students.

Theme 3

Help-Seeking

Help-Seeking refers to students' comfort and willingness to seek professional mental health support. Factors such as trust in professionals, counselling comfort, and preference for certain services encourage engagement, while practical barriers, institutional stress, and conditional help-seeking can hinder it. Help-seeking reflects the balance between perceived support, personal insight, and accessibility of mental health resources.

The theme of Help-Seeking captures students' comfort and orientation toward professional mental health support. While professional trust, counselling comfort, and preference encourage engagement, practical barriers, institutional stress, and conditional help-seeking sometimes impede utilization of services.

Help-seeking (Q3) focused on students' comfort with professional mental health support. Minor themes such as professional trust, counselling comfort, help-seeking difficulty, conditional help-seeking, insight development, institutional stress, and practical barriers indicated that students' willingness to seek help is nuanced. While growing openness and self-insight facilitate help-seeking, institutional and practical barriers can impede it.

Theme 4

Support

Support refers to the role of colleges and institutions in encouraging students to engage with mental health services. A supportive environment, accessible counselling, qualified professionals, awareness programs, and trust-building initiatives help reduce barriers to seeking help. Institutional support fosters a culture of openness, promotes mental health literacy, and ensures that students feel guided and safe when accessing care.

Support emerges as a critical facilitator, where colleges can encourage students through a supportive environment, accessible counselling, qualified professionals, mental health awareness programs, Psychoeducation, and suicide prevention initiatives.

Support (Q4) highlighted how colleges can promote help-seeking through accessible counselling, qualified professionals, supportive environments, awareness programs, Psychoeducation, trust building measures, and suicide prevention initiatives.

Theme 5

Services Preferences

Service Preferences reflect the types of mental health support that students value and are most likely to use. Students prefer flexible, accessible, and diverse options such as private or free counselling, anonymous access, peer and informal support, multi-modal services, and interactive awareness activities. These preferences highlight the importance of student-cantered approaches that meet varying needs and encourage engagement with mental health resources.

Regarding service delivery, Service Preferences highlights students' desire for flexible, accessible, and diverse mental health options. Private or free counselling, anonymous access, peer and informal support, multi-modal services, and interactive awareness activities were commonly preferred, reflecting a positive shift toward student-cantered approaches. Over time, students' understanding of mental health evolves, as reflected in the theme of Awareness.

Students' Service Preferences (Q5) further revealed the types of mental health support they value. Preferences for private or free counselling, anonymous access, peer and informal support, flexible and multi-modal services, interactive programs, and awareness activities within a supportive environment indicate a desire for diverse, student-centered approaches to care.

Theme 6

Mental Health Awareness

Mental Health Awareness refers to the growing understanding and knowledge of mental health among students over time. It includes improved literacy, changing perceptions, stigma reduction, development of healthy coping strategies, holistic understanding, self-insight, and increased help-seeking. This evolving awareness reflects personal growth and a more informed, proactive approach to mental well-being.

Increased literacy, perception change, stigma reduction, healthy coping strategies, holistic understanding, and growth in self-insight promote proactive engagement with mental health.

Over time, students' Awareness (Q6) of mental health improved, reflecting growth in mental health literacy, perception changes, stigma reduction, healthy coping, holistic awareness, self-insight, daily functioning understanding, personal growth, and proactive help-seeking. This evolving understanding highlights the dynamic nature of mental health literacy and its role in shaping attitudes and behaviours.

Theme 7

Narrative Influence

Narrative Influence refers to the impact of storytelling platforms on students' understanding of mental health. Sharing personal stories, celebrity experiences, and media narratives helps reduce stigma, build empathy, humanize mental health struggles, provide Psychoeducation, and promote narrative coping. These narratives shape social and cultural attitudes, encouraging supportive behaviours and normalizing discussions around mental wellbeing.

Narrative Influence plays a notable role in reducing stigma and shaping attitudes. Storytelling platforms that share personal narratives, celebrity experiences, and media content foster empathy, humanize mental health struggles, provide Psychoeducation, and support narrative coping. The impact of narrative influence highlights the potential of cultural and social factors in normalizing mental health discussions and encouraging supportive behaviours among college students.

Finally, Narrative Influence (Q7) was found to play a significant role in shaping students' perceptions of mental health and reducing stigma. Through humanization, empathy building, shared experiences, narrative healing, psychoeducation, media and celebrity influence, and narrative coping, storytelling platforms foster positive cultural and social shifts in the understanding and acceptance of mental health.
The study explored college students' perceptions and experiences related to mental health, focusing on stigma, help-seeking, service preferences, and evolving awareness.
Overall, the discussion demonstrates that college students' engagement with mental health is influenced by a complex interaction of disclosure practices, misconceptions, help-seeking behaviours, institutional support, service preferences, evolving awareness, and storytelling influences. Addressing misconceptions, strengthening institutional support, and promoting accessible, student-cantered services and narratives can significantly enhance mental health understanding and help-seeking among college populations.
Overall, these findings emphasize that students' engagement with mental health is shaped by a combination of personal beliefs, social influences, institutional support, service accessibility, evolving awareness, and narrative exposure. Addressing misconceptions, creating supportive environments, providing flexible services, and leveraging storytelling platforms can collectively reduce stigma and encourage proactive help-seeking among college students.
The findings of the study highlight that college students' mental health experiences are shaped by multiple interrelated factors, including disclosure practices, prevailing misconceptions, help-seeking behaviours, institutional support, service preferences, evolving awareness, and the influence of storytelling platforms. Fear of judgment continues to act as a barrier to open disclosure, while supportive social relationships and normalization encourage students to share their experiences. Persistent misconceptions about mental health contribute to misunderstanding and hesitation in seeking help, although growing awareness and myth rejection indicate positive attitudinal change.
Comfort with professional help is influenced by trust, accessibility, and institutional and practical barriers, emphasizing the need for student-friendly and flexible support systems. Educational institutions play a critical role in fostering a supportive environment through accessible counselling services, awareness programs, Psychoeducation, and preventive initiatives. Students' preference for diverse, anonymous, and multi-modal mental health services further underscores the importance of tailoring support to their needs. Importantly, the study reveals a positive shift in mental health awareness over time, marked by increased literacy, reduced stigma, improved coping strategies, and proactive help-seeking. Storytelling platforms emerge as a powerful medium in reducing stigma by humanizing mental health experiences, fostering empathy, and shaping positive social and cultural perceptions.
Overall, addressing misconceptions, strengthening institutional support, promoting flexible and accessible mental health services, and leveraging storytelling as an educational and empathetic tool are essential strategies for enhancing mental health understanding and help-seeking among college students.

Chapter 5
Summary and Conclusion

The summary and conclusion chapter is written to neatly wrap up the entire research study. It briefly revisits the main problem, objectives, methods used, and the most important findings so that readers can clearly remember what the study was about without going into repeated details. This chapter also explains the meaning and importance of the results by connecting them to the research questions and showing how they add to existing knowledge. Finally, it presents the overall conclusions drawn from the study, points

out its limitations, and may suggest practical applications or directions for future research, highlighting the overall significance of the work.

Resume of Study

This interview was conducted to study the stigma surrounding help-seeking for mental health among college students. Stigma surrounding mental health help-seeking among college students is the set of negative attitudes, fears, and social perceptions that prevent students from seeking psychological support when needed. A total of seven major themes were obtained. Help-seeking, mental health awareness, and narrative influence emerged as the predominant themes in the analysis. Disclosure was the least prevalent theme identified in the study.

Objective

To explore the stigma surrounding help-seeking for mental health among college students and the factors influencing their attitudes towards seeking psychological support.

Method

Research Design

The study followed a qualitative research design to understand students' experiences and perceptions in depth.

Sample and Procedure

The sample consisted of 12 college students, and data were collected through face-to-face semi-structured interviews after obtaining consent.

Tools

- Personal data sheet
- Informed consent
- Questionnaire

Major Findings

By doing thematic analysis of the study responses, 7 major themes were identified. They are, Disclosure, Misconceptions, Help-Seeking, Support, Services preferences, Mental health awareness and Negative influence. The predominant themes in this analysis are Help-seeking, Mental health awareness and Narrative influence. Help-seeking is the student's willingness to seek professional help depended on trust in professionals, comfort levels, and the presence of practical or institutional barriers. Mental health awareness is the awareness and understanding of mental health improved over time, leading to reduced stigma and healthier coping strategies. Narrative influence is the storytelling through media, personal stories, and shared experiences helped normalize mental health discussions and reduce stigma.

Limitations of Study

The study included a small sample size, which limits generalization. Data were collected only from college students in a specific setting, which may not represent all student populations. Being a qualitative study, findings are based on self-report experiences, which may be influenced by social desirability. Time constraints limited deeper longitudinal exploration of changes in attitudes over time.

Suggestions for Future Research

Future studies can include a larger and more diverse sample across multiple colleges or regions. Quantitative or mixed-method studies can be conducted to measure stigma and help-seeking attitudes statistically. Research can explore the effectiveness of mental health awareness programs in reducing stigma. Longitudinal studies can examine how attitudes toward mental health change over time. Future research can also focus on gender differences, cultural factors, or digital mental health platforms.

Conclusion

This interview explored the stigma surrounding help-seeking for mental health among college students. Stigma surrounding mental health help-seeking among college students is the set of negative attitudes, fears, and social perceptions that prevent students from seeking psychological support when needed. A total of seven questions were asked and seven major themes were obtained. Help-seeking, mental health awareness, and narrative influence emerged as the predominant themes in the analysis. Disclosure was the least prevalent theme identified in the study.

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