



The Relationship between Mental Health Awareness and Social Stigma on Help Seeking Attitudes among Young Adults

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Abstract: While mental health issues are rising each day globally despite of which there has been a low rate when it comes to professional help seeking among the younger adults. A quantitative approach was used; standardized scales were used to measure the following variable. Statistical analyses, such Pearson's correlation and linear regression, were done to see whether there was a direct or indirect effects of awareness on help seeking behaviour. The results from this study revealed that just by having knowledge about mental health is not sufficient enough to bridge the treatment gap; rather, the "social toll" of seeking help remains a significant barrier that outweighs diagnostic knowledge. The study contributes to the growing body of literature by, highlighting that current educational campaigns may unintentionally play a role in increasing the fear of labelling if they are not accompanied by aggressive normalization and anti-stigma initiatives. These findings focus on the need for a paradigm shift from "information-only" campaigns, to peer-led, contact-based interventions that break down the structural walls of stigma. In the end is focus on explaining even the most aware generation still dose struggle to seek help, in addition offers ways to improve the support system.

Keywords: *Mental Health Awareness, Stigma, Help-Seeking Attitudes, Young Adults*

1. Introduction

Mental health is a rising concern in today's contemporary world especially among young adults which has now emerged as a substantial public health issue throughout the world. The younger population is considered at a higher risk due to the shift to higher education, increase pressure in academics along with uncertainty about career, future, identity exploration

and an increase social pressure (Auerbach et al., 2018). Epidemiological studies demonstrates that most of the mental disorders have their onset in late adolescence and young adulthood, making this stage of life a risk zone critical for mental health promotion and a critical stage for early interventions. Studies show that a substantial proportion of college students experience symptoms of stress, depression, anxiety, as well as other emotional difficulties during their academic years, despite only a minority of them seek professional psychological help (Eisenberg et al., 2012). Mental health literacy, a key concept introduced by John et al. (1997) is one of the key factors influencing help-seeking behaviour, it refers to an individual's knowledge, awareness and beliefs about mental disorders which helps in recognizing, preventing and managing of mental health issues. Having sufficient knowledge about mental health empowers an individual to identify various symptoms, look out for appropriate treatment options and helps with developing positive attitude towards seeking support from professionals. In contrast lack of mental health awareness is linked with misinterpretation of symptoms, avoided or delayed help seeking and reliance on maladaptive coping strategies (Kutcher et al., 2016).

Despite rising attention to mental health, with an increase in policies, and public disclosure, there still remains a huge gap between the prevalence of mental health problems and the timely seeking of professional psychological help (Auerbach et al., 2018). Social media misinformation, cultural beliefs and myths shape inaccurate and fragmented knowledge about mental health conditions (Gulliver et al., 2010). Which contributes to the misunderstanding and negative perception about mental illness and is responsible for developing mental health stigma and acts as a significant barrier in seeking psychological help. Stigma around mental health can be thought of as public stigma such as stereotypes and societal attitudes and self-stigma which are your negative beliefs about oneself (Corrigan & Watson, 2002). Various studies have persistently demonstrated that the higher the levels of stigma the higher unfavourable attitudes toward psychological services and reduced utilization of mental health care, even when symptoms are severe (Vogel et al., 2007). In the Indian context, mental health is a rising concern among the younger population which is further worsened by limited amount mental health resources, cultural stigma and a strong focus on self-reliance. Talking openly about mental illness is often discouraged, which often leads to underreporting of symptoms, and cause delayed intervention (Patel et al., 2018).

2. Review of Literature

Goda et al. (2025) compared adolescents and adults to understand how awareness and attitudes vary. The study revealed that adults had significantly higher levels of mental health knowledge compared to the adolescents. Adults were also much more proactive in seeking professional help when faced with a mental health concern. On the other hand, adolescents showed comparatively more positive attitudes toward individuals with mental health disorders, despite having lower levels of factual knowledge.

Osiesi et al. (2025) explored mental health knowledge and help-seeking attitudes among undergraduate university going students. The study found that students with higher levels of mental health knowledge were much more comfortable discussing and speaking about mental health issues, even showed more willing to seek professional help. Male students showed comparatively more positive outcomes in relation to mental health knowledge, though gender continued to influence help-seeking patterns.

Koutra et al. (2024) focused on university going students and explored the association between mental health literacy and help-seeking behaviour among young adults, a population which is considered particularly vulnerable to mental health issues. It revealed that students with a higher mental health literacy showed more positive views toward seeking professional help and, were more likely to support non-stigmatizing environments.

Lasquites et al. (2024) further went on to explore the role and impact of social and self-stigma on people who avoid of mental health services. The individuals who had higher mental health literacy showed lower levels of stigma and greater confidence in seeking professional help. The findings from the research concluded that mental health awareness alone is not sufficient to increase help-seeking behaviour unless it is accompanied by interventions which are aimed at improving self-esteem and reshaping negative perceptions surrounding mental illness.

Siby and Vijayan (2021) explored college students' attitudes toward mental health and professional help-seeking. The results indicated that students with a higher mental health knowledge showed more positive attitudes toward counselling and therapy services. However, despite an increase in knowledge and utilisation of professional services, stigma toward individuals with mental illness still existed. A huge gender differences, was also identified in the study, with female students showing higher mental health knowledge and greater openness to seeking help, while male students were less likely to seek professional help as they perceived it as weakness and didn't align with their masculinity.

Rafal et al. (2018) particularly investigated mental health literacy and help-seeking behaviour among, male undergraduate students. They found a huge correlation between low mental health literacy and reduced help-seeking behaviour. Even though the male students showed moderate mental health knowledge, they were very much against towards seeking professional help.

3. Methodology

3.1 Aim

The main aim of this study was to explore the psychological and social factors that influence help-seeking behaviours among young adults. This research seeks to understand and determine whether stigma stops people from getting help, even when they have knowledge about mental health.

3.2 Research Objectives

- a) To understand the current levels of mental health awareness, social stigma and help seeking attitudes within the given samples of 150 young adults.
- b) To check if there is a link between knowing about mental health and getting helped, to see if stigma affects this link and to understand how strong this link is and in what direction.
- c) To employ a mediation analysis to test the indirect pathways through which awareness influences help-seeking, thereby identifying the specific role social stigma plays as a psychological mechanism

3.3 Research Hypotheses

H1: says that the more mental health awareness the more likely to seek help.

H2: says the more the social stigma the less likely to seek help.

H3: it possesses that with an increased mental health awareness will be associated with lower levels of perceived social stigma.

H4: says that knowing more about mental health might lead to more stigma, which affects whether people get help.

3.4 Research Design

The study followed a quantitative research approach along with a cross-sectional correlational design.

3.5 Variables of the Study

- **Independent Variable (IV):** Mental Health Awareness.
- **Mediating Variable (MV):** Social Stigma (Self-Stigma).

- **Dependent Variable (DV):** Help-Seeking Attitudes.

3.6 Sample

Sample Size: For my study I used the sample of 150 young adults which were from the age group of 18 to 30 years of age.

Sampling Technique: For this research Data was taken with the help of online surveys because to its convenience.

3.7 Tools Used

Mental Health Knowledge Schedule (MAKS): Developed by Thornicroft and colleagues (2007) and has been widely used for mental health research.

Self-Stigma of Seeking Help Scale (SSOSH): Developed by Vogel et al. (2006).

Attitudes Toward Seeking Professional Psychological Help Scale – Short Form (ATSPPH-SF): Fischer and Farina (1995) developed this scale and it has also been widely used in research.

4. Results

The following section presents the findings of the statistical analysis conducted to examine the relationships between mental health awareness, social stigma, and help-seeking attitudes among young adults. The data, collected from 150 participants, were analysed.

Reliability Analysis

Cronbach's Alpha was used to assess it, The MAKS showed an acceptable internal consistency ($\alpha = .76$), SSOSH showed a good reliability ($\alpha = .82$), and ATSPPH-SF showed moderate reliability ($\alpha = .68$) scales showed acceptable to moderate reliability, which conformed that the scales are good to go for inferential test.

4.1 Descriptive Statistics

For this study A total of 150 young adults were taken as participants. Descriptive statistics were performed which included medians, means and standard deviations were summed up for Social Stigma, Mental Health Awareness and Help-Seeking Attitudes the mean score for mental health literacy was 15.3(SD=5.04), social stigma was 24.9(SD= 8.53) and help seeking attitudes was 19.6(SD=4.61).

4.2 Correlational Analysis

A Pearson correlation analysis was conducted to understand the preliminary relationships between the variables of hypothesis one, two and four. The results showed a significant negative correlation between social stigma and help-seeking attitudes ($r = -0.391$, $p < .001$), supporting the hypothesis two. Where as in contrast to hypothesis one, which was that

awareness was significantly and negatively correlated with help-seeking ($r = -0.248$, $p = .002$). It was also found that awareness had a significant positive correlation with social stigma ($r = 0.161$, $p = .049$), contradicting with hypotheses four and suggesting that higher awareness in this sample is linked with higher perceived stigma.

Table 1: *Pearson's Correlation Matrix*

		MAKS_Total	SSOSH_Total	ATSPPH_Total
MAKS_Total	Pearson's r	—		
	df	—		
	p-value	—		
SSOSH_Total	Pearson's r	0.161	—	
	df	148	—	
	p-value	.049	—	
ATSPPH_Total	Pearson's r	-0.248	-0.391	—
	df	148	148	—
	p-value	.002	<.001	—

4.3 Mediation Analysis (H3):

A series of linear regression were made by using the Baron and Kenny (1986) framework. To test the third hypotheses, which says that that social stigma mediates the relationship between awareness and help-seeking, (Table 2).

In the first step (Path a), awareness has shown to significantly predicted social stigma, $B = 0.272$, $t(148) = 1.98$, $p = .049$, $R^2 = .025$. In the second step (Path b), social stigma was a significant negative predictor of help-seeking attitudes, $B = -0.195$, $t(147) = -4.78$, $p < .001$, while controlling for awareness. The direct effect of awareness on help-seeking (Path c') remained significant after controlling for the mediator ($B = -0.174$, $p = .013$). This indicates that social stigma partially mediates the relationship between awareness and help-seeking. The final model accounted for 18.8% of the variance in help-seeking attitudes ($R^2 = .188$).

Table 2: *Regression Results for Mental Health Knowledge Predicting Stigma (Path a)*

Model Coefficients - SSOSH_Total

Predictor	Estimate	SE	t	p
Intercept	20.746	2.212	9.38	<.001

MAKS_Total	0.272	0.137	1.98	.049
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Table 3:Regression Results for Knowledge and Stigma Predicting Help-Seeking (path b)**Model Coefficients - ATSPPH_Total**

Predictor	Estimate	SE	t	p
Intercept	27.151	1.3830	19.63	<.001
MAKS_Total	-0.174	0.0688	-2.53	.013
SSOSH_Total	-0.195	0.0407	-4.78	<.001

Summary of Hypotheses Testing

H1 (Rejected): Awareness was negatively, not positively, related to help-seeking.

H2 (Supported): Stigma was strongly and negatively related to help-seeking.

H3 (Supported): Stigma partially mediated the relationship.

H4 (Rejected): Awareness was positively, not negatively, related to stigma.

5. Discussion

This study was done with the aim of understanding the complex relationship between mental health knowledge, help seeking behaviour and social stigma. The study revealed some unexpected results, young adults who showed having more knowledge about mental health were also less likely to seek help and feared being judged. The results lead to contradicting with the old idea which simply stated that creating awareness among people would lead to better health choices. As per the Modified Labelling Theory (Link et al.,1989), the feeling of begin damaged begins the moment a person starts to believe they fit into a mental health category, even before they see a doctor. It makes the person act like a detective of their own mind always looking out for signs of a problem. The study points out a major difference between the two types of knowledge: knowing the medical facts and knowing the human side. Just being able to name a mental health condition is Clinical Literacy. On the other hand, Stigma Related Literacy means understanding that people with these conditions have rights and can live full lives, it reveals the drawback of an education program which teaches how to spot a mental illness such as depression but it doesn't teach them how to be empathetic and supportive it just gives them a medical label without any protection from judgement.

Supporting H2, social stigma turned out to be the strongest negative predictor of help-seeking behaviour in this sample. This confirms that even when a young adult possesses the literacy to recognize their need for support, the fear of social judgment acts as a significant

barrier on the help-seeking process. In the Indian context, the situation is further worsened by the fear of bringing shame to the family due to their mental health condition. During the early adulthood the want to do things by themselves (Arnett, 2000), further complicates this. Young adults may view seeking help as a failure of their newly gained independence, instead they choose to suffer in silence just to maintain an image of competence and strength. Mediation analysis showed that social stigma partially mediates the relationship between awareness and help-seeking. This explains the mechanism of the paradox which says that an Increase in awareness often leads to a higher perception of social stigma, which in turn act as a barrier to seek help.

The findings of my study must be interpreted within the socio-cultural context of India. Unlike Western individualistic cultures, Indian society is largely collectivist. Here, mental health literacy is often filtered through traditional beliefs. The data indicates that using western style Mental Health programs may not work the best in India unless they are culturally adapted to address the cultural myths that focuses on making people more comfortable with asking for help. While I was interpreting the awareness paradox which I found out in this study, it would be seen that digital media plays a role in shaping awareness and stigma, due the frequent and wide use of social media a lot of information about mental health is spread is without its authenticity. On one hand media has played a role in turning normal emotions and over generalizing mental health issues, making concepts like trauma lose their meaning. This study's finding that high awareness correlates with high stigma suggests that digital awareness campaigns might be failing to provide the empathy required to balance the information. At Future we must focus on teaching young adults how to navigate mental health information online without internalizing the negative stereotypes that lead to help-seeking avoidance.

5.1 Summary and Conclusion

The reason for doing research on this topic was to be able to understand the relationship between mental health awareness, social stigma, and professional help-seeking attitudes among young adults. While it was hypothesized that higher mental health literacy would naturally lead to more favourable attitudes toward seeking help, the results turned out to be something opposite. This suggests that for young adults, gaining knowledge about mental health symptoms may lead to higher sensitivity regarding the social labels associated with those symptoms. Instead of empowering the individual, increased knowledge about mental health makes the individual anticipate rejection which further leads to negative stereotyping. In addition, this study confirmed that social stigma is the strongest barrier to care. With a strong negative correlation, stigma acted as a huge barrier towards the help-seeking process.

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Conflict of Interests

The author declared no conflict of interests.

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