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# PERCEIVED MENTAL HEALTH STIGMA AND HELP SEEKING BEHAVIOUR AMONG PSYCHOLOGY STUDENTS: THE MODERATING ROLE OF SOCIAL SUPPORT

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## ABSTRACT

There is significant psychological distress among university students and not many seek professional mental health services. Frequently, perceived stigma is cited as a block to help-seeking, and social support can facilitate professional help-seeking or serve as an informal alternative to it. The aim of this study was to investigate help-seeking behaviors and the relationship between help-seeking behaviors and perceived mental health stigma among psychology students, as well as test the moderating effects of perceived social support. The cross-sectional correlational design was employed with 300 undergraduate/postgraduate psychology students from Universities of Rawalpindi and Islamabad, Pakistan. Participants filled out Stigma Scale, Multidimensional Scale of Perceived Social Support, and General Help-Seeking Questionnaire. All the data were analyzed with descriptive statistics, Pearson correlations, linear regressions, and moderation analyses using PROCESS Macro. Help-seeking was weakly, non-significantly, negatively correlated with perceived stigma, $r = -.06$, $p > .05$, and was not significantly predicted by perceived stigma, $\beta = -.06$, $p = .35$. There was also no significant correlation between social support and help-seeking $r = .08$, $p > .05$. There was no moderation for the stigma × social support interaction, $B = .00$, $p = .68$. The findings indicate that stigma and perceived social support in general do not explain help-seeking behaviour among psychology students very well. Concepts of mental health, informal support, access to service, confidentiality issues, and attitudes to counselling may be more relevant and worth investigating in subsequent research.

## I. INTRODUCTION

Increasingly, university students are being identified as experiencing mental health issues, and they often experience the challenges of being a university student such as academic pressure, uncertainty about the future, financial worries, changed relationships and developmental needs of early adulthood. Although psychological services have been established at numerous schools, fewer students utilize the psychological services than experience emotional problems. This gap between need and service use is significant as it can mean that symptoms may escalate and services may be harmful to academic performance, relationship, and functioning in daily life (Burns & Birrell, 2014; McCabe et al., 2024). Help-seeking behavior is a person's desire and/or actions to seek help for personal, emotional or psychological problems. This could be from formal sources including psychologists, psychiatrists, counsellors, physicians or helplines as well as informal sources such as family, friends,

peers or religious leaders (Brown et al., 2014; Rickwood & Thomas, 2012). Informal support may be beneficial, but professional support is particularly relevant when problems are assessed, diagnosed, involve structured intervention and/or risk management. Factors such as cultural norms, previous experiences, individual beliefs, perceived need, and reactions of others to the decision to seek help affect the decision (Doll et al., 2021; Tomczyk et al., 2019).

Stigma towards mental help seeking services is among the most common barriers discussed when considering professional mental health service seeking. It contains negative stereotypes, prejudicial attitudes, discriminatory actions, or the expectation that someone with mental health problems will be evaluated or socially demeaned as a result of mental health issues (Ahad et al., 2023; Kågström et al., 2025). Stigma refers to the person's belief that others have negative attitudes towards mental illness and/or psychological treatment. This can cause embarrassment, fear of disclosing, concerns about being labelled and preferring to handle things privately. Detailed findings from a systematic review indicate that in general, mental health-related stigma is negatively associated with help-seeking with a small to moderate effect size, but this relationship differs across various populations and types of stigma (Clement et al., 2015). Stigma is not the same for everyone. Perceived public stigma does not necessarily predict service use as directly as self-stigma or treatment stigma and there is some longitudinal evidence that no association exists between perceived stigma and subsequent help-seeking among university students (Golberstein et al., 2009). The inconsistencies imply that the social and the educational context in which help-seeking takes place should be taken into consideration when exploring stigma. Exposing students to psychological information in their schools could enable them to access mental health data more accurately and minimize the effects of stereotypical beliefs. Knowledge does not always lead to individual seeking help. Students can still be afraid that their disclosure will impact others' views of their competence and/or future career (Duraku et al., 2024).

For this reason, it is interesting to study this among psychology students. They are introduced to concepts of psychopathology, assessment, psychotherapy and ethical practice of mental health in their education. This exposure could increase the understanding of mental health and normalize the professional help. But, it can also create a sense of self-assessment, self-management or self-concept that they can manage without assistance. The outcome can be that students agree that psychological care is good, but doesn't necessarily apply to their own issues. Knowing about help-seeking in this group is also of professional significance as it can help to inform the attitudes of current psychology students, who will then be practitioners whose attitudes will affect the referral process and communication with clients. The link between stigma and seeking help might be different with the presence of social support. Perceived social support is the sense that family, friends or important persons provide emotional, informational and practical support. Supportive relationships help to minimize isolation, acknowledge emotional experiences and motivate people to access appropriate care (Acoba, 2024; Butler et al., 2022). Social networks can question stigmatising beliefs, and establish positive norms of counselling or therapy. Research has therefore suggested that social support could be a buffer to the negative effect of stigma on mental health, and for help-seeking (Bu et al., 2023; Lo Hog Tian et al., 2024).

However, some social support may have two faces. Distress can be talked to trusted family members or friends and students may feel they have received enough help without reaching out to a professional. Informal support can then enable a person to seek professional help, either by helping to encourage them or by referring them to a professional, or by providing alternative emotional support when a person should be seeking professional support (Eigenhuis et al., 2021; Vidourek et al., 2014). This difference has significance particularly in Pakistan, where family engagement, interdependence among family members, and culturally familiar coping strategies have a significant impact on the reactions to emotional suffering. Perceived support in general may not directly predict formal help-seeking, unless support is explicitly supportive of professional help seeking. The relationships can be explained using the Theory of Planned Behavior. The theory suggests that attitudes, attitudes toward the behavior, and perceived subjective norms affect intentions which in turn affect behavior, along with perceived behavioral control (Ajzen, 1991). Stigma can foster negative attitudes and the expected social norms of disapproval, and supportive relationships can foster acceptance and positive social norms. Positive attitudes and support can, however, not be translated into behaviour if the student feels that the services are not accessible, not affordable, not effective, or that the services are not confidential. Therefore, stigma and social support are just a component of a wider

process of decision making. The majority of what evidence is available comes from western contexts or mixed groups of students. Few studies have been conducted on psychology students in Pakistan and results on social support as a moderator have been ambiguous (Phillips, 2021). The present study therefore explored the connections among perceived mental health stigma, help-seeking behavior and perceived social support among students of psychology. Stigma was hypothesized to demonstrate a negative relationship with help-seeking and social support, a positive relationship with help-seeking and a moderation effect of social support on the negative relationship between stigma and help-seeking.

## II. METHOD

The following research design was employed is quantitative cross sectional correlational design. A total of 300 psychology students from Islamabad and Rawalpindi, Pakistan participated in the study. Purposive sampling was used because it was necessary that the students must have some academic exposures on psychology and mental health concepts. Participants were included who were at least 18 years old, studying psychology at the university, understood Urdu/English, and gave informed consent. Students were excluded if they had an acute psychological crisis, reported conditions that would significantly affect their ability to complete the questionnaires, or reported a major traumatic event in the last 3 months. The sample included 242 women (80.7%) and 58 men (19.3%). Most participants were aged 22-25 years (49.3%) or 26-30 years (43.7%), 61.7% were undergraduates, and 85.7% belonged to nuclear families. Perceived stigma was measured using the 28-item Stigma Scale which was scored on a 5-point response scale, with higher scores reflecting higher levels of perceived mental health stigma (King et al., 2007). Help-seeking behavior was assessed using a 20-item General Help-Seeking Questionnaire designed to assess participants' responses on a 7-point scale with regards to their willingness to seek assistance from various formal and informal sources (Wilson et al., 2005). Perceived social support was measured on the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) which consisted of 12-items representing support from family, friends, and significant others; greater scores were interpreted as higher levels of perceived social support. Cronbach's alpha for the current sample were .76 for the stigma scale, .71 for the help-seeking scale and .68 for the social support scale.

With the approval of the institutional review and ethics committee of the National University of Medical Sciences and permission of relevant academic authorities, data collection commenced. Students were told about the purpose of the study, confidentiality, voluntary participation, and right to not participate without penalty. Following informed consent, the participants filled out a demographic information form and the three study measures, on paper or online. It took about 15-20 minutes to complete and responses were anonymous. SPSS version 22 was used for analyzing the data. Frequencies, percentages, means, standard deviations, reliability coefficients, skewness and kurtosis were computed. Bivariate associations were analyzed using Pearson product-moment correlations. Simple linear regression was used to determine if stigma predicted help-seeking behaviour. Stigma was used as the predictor; help-seeking as the outcome; and perceived social support as the moderator, and were examined using Hayes' PROCESS Macro. A p value of $< .05$ was used as the criterion of statistical significance.

**Table I: Demographic Characteristics of the Participants (N = 300)**

| Characteristic | Category | n | % |
|---|---|---|---|
| Gender | Male | 58 | 19.3 |
| | Female | 242 | 80.7 |
| Age | 22-25 years | 148 | 49.3 |
| | 26-30 years | 131 | 43.7 |
| | 31 years and above | 21 | 7.0 |
| Academic level | Undergraduate | 185 | 61.7 |
| | Postgraduate | 115 | 38.3 |

| Characteristic | Category | n | % |
|---|---|---|---|
| Family system | Nuclear | 257 | 85.7 |
| | Joint | 43 | 14.3 |
| Socioeconomic status | Upper | 5 | 1.7 |
| | Upper middle | 44 | 14.7 |
| | Middle | 215 | 71.7 |
| | Lower middle | 30 | 10.0 |
| | Lower | 6 | 2.0 |
| Marital status | Unmarried | 234 | 78.0 |
| | Married | 63 | 21.0 |
| | Divorced | 1 | 0.3 |
| | Separated | 2 | 0.7 |
| Children | Yes | 22 | 7.3 |
| | No | 278 | 92.7 |
| Body image satisfaction | Yes | 272 | 90.7 |
| | No | 28 | 9.3 |

*Note.* n = frequency; % = percentage

# III. RESULTS

**Table II: Descriptive and Psychometric Properties of the Study Variables**

| Variable | α | M | SD | Potential range |
|---|---|---|---|---|
| Perceived mental health stigma | .76 | 74.29 | 13.17 | 0-112 |
| Help-seeking behavior | .71 | 70.75 | 6.39 | 20-140 |
| Social support | .68 | 35.46 | 5.65 | 12-84 |

*Note.* k = number of items; α = Cronbach's alpha; M = mean; SD = standard deviation.

Participants reported a mean perceived stigma score of 74.29 (SD = 13.17), a mean help-seeking score of 70.75 (SD = 6.39), and a mean social support score of 35.46 (SD = 5.65). Skewness and kurtosis values were within acceptable limits for all variables, supporting the use of parametric analyses. Internal consistency ranged from .68 to .76.

**Table III: Correlations Among Perceived Stigma, Help-Seeking Behavior, and Social Support**

| Variables | 1 | 2 | 3 |
|---|---|---|---|
| 1. Social support | - | | |
| 2. Help-seeking behavior | .08 | - | |
| 3. Perceived mental health stigma | .06 | -.06 | - |

*Note.* No correlation was statistically significant at $p < .05$.

Perceived mental health stigma had a weak negative correlation with help-seeking behavior, $r = -.06$, $p > .05$. Perceived stigma also had a weak positive correlation with social support, $r = .06$, $p > .05$, while social support

showed a weak positive correlation with help-seeking behavior, r = .08, p > .05. None of the correlations reached statistical significance. Therefore, the first three hypotheses were not supported.

**Table IV: Linear Regression of Perceived Mental Health Stigma Predicting Help-Seeking Behavior**

| Predictors | B | SE | β | t | p | 95% CI LL | 95% CI UL |
|---|---|---|---|---|---|---|---|
| Constant | 72.72 | 2.12 | - | 34.34 | < .001 | - | - |
| Perceived mental health stigma | -.03 | .03 | -.06 | -.95 | .35 | -.08 | .03 |

*Note.* $R^2$ = .003; F(1, 298) = .89, p = .35. B = unstandardized coefficient; SE = standard error; β = standardized coefficient; CI = confidence interval; LL = lower limit; UL = upper limit.

Simple linear regression showed that perceived stigma did not significantly predict help-seeking behavior, B = -.03, SE = .03, β = -.06, t = -.95, p = .35, 95% CI [-.08, .03]. The model was nonsignificant, F(1, 298) = .89, p = .35, and explained only 0.3% of the variance in help-seeking behavior ($R^2$ = .003).

**Table V: Moderating Role of Social Support in the Relationship Between Perceived Stigma and Help-Seeking Behavior**

| Predictors | B | SE | t | p | 95% CI LL | 95% CI UL |
|---|---|---|---|---|---|---|
| Constant | 77.87 | 22.24 | 3.50 | < .001 | 34.11 | 121.64 |
| Perceived mental health stigma | -.15 | .30 | -.51 | .61 | -.73 | .43 |
| Social support | -.08 | .37 | -.22 | .82 | -.82 | .65 |
| Stigma × social support | .00 | .00 | .41 | .68 | -.01 | .01 |

*Note.* $R^2$ = .008; F(3, 296) = .76, p = .52. B = unstandardized coefficient; SE = standard error; CI = confidence interval; LL = lower limit; UL = upper limit.

The moderation model was also nonsignificant, F(3, 296) = .76, p = .52, $R^2$ = .008. Neither stigma, B = -.15, SE = .30, t = -.51, p = .61, nor social support, B = -.08, SE = .37, t = -.22, p = .82, significantly predicted help-seeking within the interaction model. Most importantly, the stigma × social support interaction was not significant, B = .00, SE = .00, t = .41, p = .68, 95% CI [-.01, .01]. Perceived social support therefore did not moderate the association between stigma and help-seeking, and the fourth hypothesis was not supported.

# IV. DISCUSSION

The present study aimed to investigate the link between perceived mental health stigma and help-seeking among psychology students and the modification of this relationship due to perceived social support. The hypotheses were not supported: There was no significant relationship between stigma and help-seeking, and no significant relationship between social support and help-seeking, nor was there a significant relationship between the interaction between stigma and social support. Less than 1% of the variance in the help-seeking response was accounted for by the model. The results suggest that general perceived stigma and general social support were not alone adequate to account for the help-seeking behaviors in this sample. The null finding is also useful information because it suggests that variables that have been found repeatedly in samples of general education students will not necessarily have the same effect in each sub-group. The stigma coefficient was negative as would be expected, but the value was very small. The results can then be viewed as a sign of small-scale association rather than as evidence that stigma cannot impact the psychology student's psyche. More diverse universities in replication and separation of perceived, public and self-stigma, would allow for deeper conclusions to be drawn.

The finding that stigma was not significantly associated with help-seeking is at odds with the vast literature that has identified stigma as a barrier to professional help (Clement et al., 2015; Gupta et al., 2024). But in line with studies that suggest that public stigma is not always associated with actual service use and subsequent help-seeking (Golberstein et al., 2009). One possible reason could be the academic background of the participants.

Mental health issues, clinical language, treatment models and professional ethics are introduced and revisited in the psychology curriculum. This exposure can decrease the impact of the incorrect stereotype and normalize the concept of psychological assistance. University students who exhibited more mental health literacy showed more positive attitudes towards help-seeking and less stigma (Hussain & Zaini, 2025; Yang et al., 2024). This explanation is provisional as mental health literacy was not directly measured. The null relationship could also be due to the difference between perceived stigma and self-stigma. Although a student may think that society condemns mental illness, he may not hold that sentiment himself or allow it to affect his conduct. In particular, associations between self-stigma, treatment-related stigma, and help-seeking have been more consistent than those between general perceptions of public attitudes on stigma and help-seeking (Corrigan & Rao, 2012; DeBate et al., 2018). Further research is thus needed that differentiates between the public stigma, perceived stigma, self-stigma, disclosure concerns, and stigma associated with counseling per se.

There is also a need to interpret the findings on social support in the context. Social support has been linked to positive psychological adjustment and can facilitate disclosure, coping, and utilization of services (Acoba, 2024; Butler et al., 2022). However, support may also be an alternative to professional assistance. Students can ask parents, siblings, friends, classmates or religious leaders and find their concerns are sufficiently addressed. However, in some instances high support doesn't always result in formal help-seeking. Qualitative analyses have also revealed that informal networks can help to both facilitate and obstruct formal networks, depending on their advice, beliefs, and practical support (Eigenhuis et al., 2021). There was no moderation, indicating that social support had no influence on the effect of stigma in this sample. This finding aligns with the studies indicating that the buffering effect of support is not a blanket effect but depends on specific circumstances (Phillips, 2021). Support may be effective based on the source, quality, content and relevance of the support. The emotional support (reassurance) may be as effective as, or more effective than, the informational support (knowledgeable person) and both can help to reduce both distress and increase referral. These are all processes that could be incorporated into a total social support score and mask any source-specific effects. A breakdown of family, friend and significant others support could give a better description.

The outcomes could also be attributed to some Pakistani cultural factors. Decision making and coping is often a major function of family and close social network. Prior to seeking professional services, the psychological issues may be explored in trusted relationships. Informal support may be culturally acceptable, accessible and non-threatening to the individual's privacy. Meanwhile, family members may encourage counseling or discourage it by downplaying symptoms and suggesting that go through it or find the religious and community-based coping. The mere presence of support, however, does not indicate whether support is supportive of professional help-seeking. Some factors that were not represented in the current model may have had a greater influence on help-seeking. Some possibilities include attitudes towards counseling, perceived effectiveness of counseling, confidentiality, affordability, availability of campus services, past treatment experiences, symptom severity, perceived self-reliance, and perceived need for treatment (Li et al., 2025; Tomczyk et al., 2019). According to the theory of planned behavior, positive norms are not the only factor that makes people do something. Perceived behavioral control and personal attitudes are all important too. Students might have low stigma perceptions of their condition, but not seek services due to uncertainty about access, cost, privacy or consequences of seeking services. The makeup of the sample also should be taken into account. The majority of the participants were female (51%) and single (94%), and the majority of students were at undergraduate level (87%). The findings may be influenced by nondisclosure and coping patterns, and by the small numbers of men represented in the study, as males may be more likely to be emotionally inhibited and self-reliant in coping. The differences may also be applicable between undergraduate and postgraduate because of higher academic and clinical exposure may influence confidence, knowledge and preference of professional support. The study has a number of practical applications. The goal of reducing stigma should not be the primary focus of university mental health campaigns, especially when the campaign is aimed at students who already know about mental health concepts. Programs should encourage action based on knowledge including: When care is indicated; How confidentiality will be adhered to; Where services will be found; And how students will gain access to the services. Counselling should be easily accessible, cost effective, culturally competent, and distinct from assessment. Peer and family help can be incorporated into referral systems such that when identified, informal help can refer to professional help.

There are significant limitations to the findings that should be taken into account when interpreting the results. The cross-sectional design does not allow for any causal inferences. The sample was small and from a purposive sampling technique in Islamabad and Rawalpindi which reduces generalizability and the psychology only sampling may not represent students of other disciplines. Social desirability can affect self-report measures, especially when social acceptance of mental health responses is known, e.g. among participants who are known to be socially desired. The General Help-Seeking Questionnaire is not used to determine actual service use, but rather, likelihood or intention. The social support scale also assesses general perceived social support not just support to seek professional help. Lastly, the study was not able to measure the phenomenon of psychological distress, perceived need, mental health literacy, and access barriers, which can play a role in help-seeking. Students from a variety of disciplines and geographical areas, with a balanced gender proportion, and with a distinction between formal and informal outcomes of help-seeking should be included in future research. Longitudinal and mixed-method studies could involve the process of students' response to distress, seeking informal sources of information and entering into professional care. Mental health literacy, self-stigma, attitudes towards counseling, severity of symptoms, confidentiality issues, service availability and source-specific support should all be considered factors in the development of models. This study would help to determine if these current null findings are associated with psychology students, measurement selection, cultural trends or a general change in attitudes toward mental health.

## V. CONCLUSION

Psychology students' help-seeking did not significantly differ as a function of perceived mental health stigma, and perceived social support was not associated with help-seeking behavior or as a moderator between perceived mental health stigma and help-seeking. Findings do not mean that stigma or support is not a big issue; it means that the importance of stigma or support is contingent on the population, the nature of the stigma, and the content of the support, as well as the practical context in which support is used. The interventions need to go beyond awareness to impacting the shift from knowledge to help seeking, and they need to be provided in a timely and appropriate manner for the student, and relevant to their psychology studies.

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