

Between Knowing and Doing: Examining Mental Health Literacy, Stigma, and Social Support in Professional Help-Seeking Among College Students

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Abstract

In the context of increasing mental health concerns among university students, understanding professional help-seeking behavior has become increasingly important. This study examined the relationships among mental health literacy, self-stigma, stigma of mental illness, social support, and professional help-seeking behavior among Indonesian college students experiencing psychological difficulties. A quantitative cross-sectional survey was conducted with 408 participants recruited through purposive sampling. Data were analyzed using JASP version 0.19.1, applying a regression-based model to examine direct, mediating, and moderating effects. Mental health literacy was tested as a mediator, while social support was examined as a moderator. The results indicated that mental health literacy was positively associated with professional help-seeking behavior. Stigma of mental illness was positively related to both mental health literacy and help-seeking, whereas self-stigma was not significantly associated with either variable. Mediation analysis showed that mental health literacy partially mediated the relationship between stigma of mental illness and help-seeking, but not between self-stigma and help-seeking. Social support did not significantly moderate the relationships between stigma variables and help-seeking behavior. These findings suggest that mental health literacy may represent one contributing factor associated with professional help-seeking among university students. However, given the cross-sectional design and modest explanatory power of the model, the results should be interpreted with caution. Future research is needed to further examine the underlying mechanisms of help-seeking behavior in this population.

INTRODUCTION

Mental health concerns among university students have received increasing attention in recent years. The university period is characterized by academic demands, social transitions, and emotional challenges that may contribute to psychological distress. A growing body of research indicates a high prevalence of mental health problems within student populations. For instance, meta-analyses have reported considerable prevalence of anxiety and depression among Chinese university students, with pooled estimates of approximately 25.0% for anxiety symptoms during the COVID-19 pandemic (Wang & Liu, 2022) and 23.8% for depression in the preceding decade (Lei et al., 2016). Similarly, a World Health Organization survey involving first-year students from 19 universities across eight countries found that about one-third of students reported at least one common mental disorder, including anxiety disorders, mood disorders, or substance misuse (Auerbach et al., 2018). These findings suggest that mental health problems represent a substantial challenge within higher education.

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Despite the availability of effective treatments and preventive interventions (Bienvenu & Ginsburg, 2007; Barrera et al., 2009), professional help-seeking among students remains relatively low. Previous research indicates that the treatment gap for mental health problems remains substantial, at times exceeding 90% even in middle- and high-income countries (Kohn et al., 2004). This situation persists even though many universities provide counseling services for their students. Such patterns illustrate the existence of a “treatment gap,” defined as the discrepancy between the need for mental health services and their actual use (Gulliver et al., 2010). Instead of seeking professional help, students often rely on personal coping strategies such as emotional suppression, social withdrawal, or informal support from peers and family (Vidourek et al., 2014; Ning et al., 2022). These strategies may delay treatment and potentially worsen psychological conditions.

Low help-seeking behavior cannot be explained solely by the availability of services. Psychological, social, and cultural factors also influence whether individuals seek professional assistance. Previous studies have identified several barriers, including self-reliance, low perceived need, limited mental health literacy, financial constraints, and stigma (Schnyder et al., 2017; Furnham & Swami, 2018; Shahwan et al., 2020). Students may perceive psychological services negatively, fear social judgment, or believe they should solve problems independently (Rickwood et al., 2005). Such perceptions can discourage early intervention even though timely treatment is essential for preventing more severe psychological difficulties (Biddle et al., 2007).

Mental health literacy is frequently identified as a key factor associated with help-seeking behavior. Mental health literacy refers to knowledge and beliefs about mental disorders that facilitate their recognition, management, and prevention (Jorm, 2000). Individuals with higher mental health literacy are generally more capable of recognizing symptoms, understanding available treatment options, and evaluating the effectiveness of psychological interventions (Jorm et al., 2012; Bjørnsen et al., 2017). Mental health literacy also encompasses attitudes toward mental health, willingness to seek help, and the ability to support oneself or others experiencing psychological difficulties (Jorm, 2012). Several studies have reported positive associations between mental health literacy and attitudes toward seeking professional help (Gorczynski et al., 2017; Kim et al., 2020; Lindow et al., 2020). A systematic review of 53 studies found that the vast majority reported a positive relationship between mental health literacy and help-seeking attitudes (Radez et al., 2021).

However, empirical findings remain mixed. Some studies indicate that interventions designed to increase mental health literacy can improve knowledge but do not always translate into actual help-seeking behavior (Lanfredi et al., 2019; Lindow et al., 2020). This suggests that cognitive understanding alone may be insufficient, and emotional or social factors may also influence help-seeking.

Stigma represents one of the most widely recognized barriers to professional help-seeking. Stigma refers to negative attitudes toward individuals with mental illness or toward the act of seeking psychological assistance (Vogel et al., 2006). It is commonly conceptualized as public stigma, reflecting societal attitudes, and self-stigma, referring to the internalization of those beliefs (Corrigan, 2004; Rüsch et al., 2005). Experiences of stigma can reduce self-confidence, increase feelings of shame, and discourage individuals from accessing mental health services (Shechtman et al., 2018; Livingston & Boyd, 2010). Within the framework of the Theory of Planned Behavior (Ajzen, 1991), stigma may shape attitudes and perceived social expectations, thereby influencing behavioral intentions related to help-seeking. Several studies have suggested that stigma may mediate the relationship between mental health literacy and help-seeking behavior (Fleary et al., 2022; Cheng et al., 2013; Kim, 2021), while greater mental health literacy has been associated with lower levels of stigma (Yin et al., 2020).

In addition to cognitive and emotional factors, social support may influence help-seeking behavior. Perceived social support refers to individuals' beliefs that supportive resources are available within their social network (Barrera, 1986). Social support has also been broadly linked to better mental health and psychological wellbeing among university students (Ruihua et al., 2025). For university students, support from family, peers, and campus communities may increase feelings of safety and acceptance, encourage professional help-seeking, and strengthen positive attitudes toward professional services (Zhao et al., 2025). However, previous research has reported mixed findings; other studies indicate that strong informal support networks may reduce the likelihood of formal help-seeking (Snowden, 2001; Maulik et al., 2009).

Taken together, these findings indicate that professional help-seeking is influenced by complex interactions among mental health literacy, stigma, and social support. Although these variables have been widely studied, results remain inconsistent, particularly regarding the role of social support within help-seeking processes. Within the Indonesian context, these issues are especially relevant given increasing academic pressures and persistent stigma surrounding mental health. Therefore, this study aims to examine the relationships among mental health literacy, self-stigma, stigma of mental illness, and professional help-seeking behavior among university students, as well as to explore the role of social support within these relationships.

METHODS

Design

This study employed a quantitative cross-sectional design to examine the relationships among mental health literacy, stigma, social support, and professional help-seeking behavior among university students. The proposed model tested the direct effects of self-stigma and stigma of mental illness on professional help-seeking, with mental health literacy specified as a mediating variable and social support as a moderating variable. Data were collected using an online survey.

Participants

Participants were university students in Indonesia who volunteered to participate in the study. The inclusion criterion was having experienced psychological difficulties. Therefore, purposive sampling was used to recruit individuals with characteristics relevant to the research objectives. The minimum required sample size was calculated using the Slovin formula based on an estimated population of 4,386 students. The calculation indicated a minimum of approximately 400 participants. A total of 408 students participated in this study. Demographic characteristics of the participants are presented in Table 1.

Measures

Attitudes toward professional psychological help-seeking were measured using the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPH-SF), developed by Fischer and Farina (1995). The instrument consists of 10 items assessing respondents' general willingness and openness to seek professional psychological assistance. Items are rated on a four-point Likert-type scale ranging from 0 (disagree) to 3 (agree). Negatively worded items are reverse-coded before the item scores are summed, producing a possible total score ranging from 0 to 30. Higher scores indicate more favorable attitudes toward seeking professional psychological help. Cronbach's alpha coefficients were 0.712.

Mental health literacy was assessed using the Multicomponent Mental Health Literacy Measure (MMHLM), developed by Jung et al. (2016) based on Jorm's (2000) conceptualization of mental health literacy. The measure comprises 26 items covering three related dimensions: knowledge-oriented literacy, including knowledge of mental disorders and their treatment; beliefs-oriented literacy, including beliefs and attitudes concerning mental illness; and

resource-oriented literacy, including awareness of available mental health information and services. Items were coded and scored according to the instrument's scoring instructions, with higher overall and subscale scores indicating greater mental health literacy. Cronbach's alpha coefficients were 0.757.

Self-stigma associated with seeking professional help was measured using the 10-item Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006). The scale assesses the extent to which seeking help from a mental health professional may be perceived as threatening respondents' self-esteem, self-confidence, or sense of personal worth. Items are rated on a five-point Likert-type scale ranging from strongly disagree to strongly agree. Reverse-keyed items were recoded before the scores were calculated, with higher scores indicating greater self-stigma associated with seeking professional psychological help. Cronbach's alpha coefficients were 0.726.

Experiences of mental illness stigma were assessed using the 28-item Stigma Scale developed by King et al. (2007). The instrument covers three dimensions: experiences of discrimination, concerns about disclosure, and perceived positive aspects of mental illness. Items are rated using a five-point response scale. Positively worded items were reverse-coded where required, so that higher overall scores indicated greater experienced stigma. Subscale scores were also calculated to examine the different dimensions of stigma separately. Cronbach's alpha coefficients were 0.897.

Perceived social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988). The scale consists of 12 items measuring perceived support from three sources: family, friends, and a significant other. Each subscale contains four items. Responses are provided on a seven-point Likert-type scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Total and subscale scores were calculated by averaging the relevant item scores, with higher scores indicating greater perceived social support. Cronbach's alpha coefficients were 0.897.

Demographic data

The data description presented in this section consists of respondent demographic data, including gender, age, student status, domicile, cohabitation status, parents' marital status, number of siblings, psychological status, clinical diagnosis, self-harm, and experiences seeking professional help for mental health among students.

A total of 408 students participated in the study. The sample was predominantly female (74.26%) and largely drawn from West Java (93.63%). Most participants reported that their parents were married (74.02%). In terms of psychological experiences, about half of the participants reported having experienced psychological problems, while only a small proportion reported receiving a formal clinical diagnosis. Detailed demographic characteristics are presented in Table 1.

Additional analyses examined whether the main study variables differed across demographic characteristics. Independent-samples t-tests and one-way ANOVAs were conducted for gender, student status, parental marital status, psychological status, clinical diagnosis, self-harm behavior, and prior help-seeking experience.

Additional analyses using independent-samples t-tests and one-way ANOVAs examined demographic differences in the study variables. No significant differences were found in professional help-seeking, mental health literacy, or stigma of mental illness across demographic categories (all $p > .05$). However, self-stigma differed significantly according to prior help-seeking experience ($p = .022$), with students who had never sought professional help reporting higher levels of self-stigma. In contrast, perceived social support showed several significant differences across demographic characteristics. Detailed results are presented in Table 2.

Table 1. Demographic Data of Participants ($n = 408$)

Variable	n (%)
<i>Gender</i>	
Male	104 (25,24)
Female	304 (74,26)
<i>Student Domicile Distribution (by Province)</i>	
Aceh	6 (1,47)
West Sumatra	2 (0,49)
Banten	6 (1,47)
Jakarta	2 (0,49)
West Java	382 (93,63)
Central Java	2 (0,49)
East Java	1 (0,25)
South Kalimantan	1 (0,25)
Central Kalimantan	5 (1,25)
West Nusa Tenggara	1 (0,25)
<i>Parent's Marital Status</i>	
Married	302 (74,02)
Divorce	42 (10,29)
Other	64 (15,69)
<i>Psychological Status</i>	
Experiencing Psychological Problems	75 (18,38)
Not Experiencing Psychological Problems	128 (31,37)
May Have Experienced Psychological Problems	205 (50,25)
<i>Clinical Diagnosis</i>	
Yes	25 (6,13)
No	383 (93,87)
<i>Self-harm</i>	
Yes	181 (44,36)
No	227 (55,64)
<i>Professional Help-seeking</i>	
Yes	72 (17,65)
No	287 (70,34)
Decided not to Answer	49 (12,01)

Table 2. Results of t-test and ANOVA of Professional Help-seeking

Factors	PHS			MHL			SMI			SS			PSS		
	<i>t</i>	<i>f</i>	<i>P</i>	<i>t</i>	<i>f</i>	<i>P</i>	<i>t</i>	<i>f</i>	<i>P</i>	<i>t</i>	<i>f</i>	<i>P</i>	<i>t</i>	<i>f</i>	<i>P</i>
G	-	1.843	.160	-	.327	.722	-	1.493	.226	-	.424	.655	-	.944	.390
STS	.038	-	.969	.779	-	.436	1.390	-	.165	.709	-	.479	2.101	-	.036
PMS	-	1.285	.278	-	.281	.755	-	.217	.805	-	2.107	.123	-	6.107	.002
PSY	-	.682	.506	-	.107	.898	-	1.324	.267	-	1.074	.343	-	1.074	.343
CD	.513	-	.609	.657	-	.512	.410	-	.682	.756	-	.450	2.104	-	.036
SHB	.931	-	.352	.733	-	.464	1.733	-	.084	.613	-	.541	3.978	-	<.001
PHSE	-	.115	.891	-	.115	.891	-	.541	.583	-	3.831	.022	-	7.648	<.001

Note. PHS = Professional help-seeking, MHL = Mental health literacy, SMI = Stigma of mental illness, SS = Self-stigma, PSS = Perceived social support, G = Gender, STS = Student status, PMS = Parental marital status, PSY = Psychological status, CD = Clinical diagnosis, SHB = Self-harm behavior, PHSE = Experience with seeking professional help.

Data analysis

Data were analyzed using regression-based path analysis in JASP version 0.19.1 to examine direct, mediating, and moderating relationships among variables. Statistical significance was set at $p < .05$. Descriptive statistics and reliability analyses were conducted prior to the main analysis. In addition to descriptive analysis (Table 3), the researcher also conducted a multivariate analysis using regression-based path analysis to test the hypothesis. The study proposes a set of hypotheses examining the direct, mediating, and moderating relationships among the study variables. From the results of the regression test, it was found that the R^2 (R Square) value for help-seeking professionals was .134. In other words, the help-seeking professional variable is influenced by the variables in the model by 13.4%, namely mental health literacy, self-stigma, stigma of mental health, and social support. Furthermore,

the adjusted R-square value (R²) for mental health literacy was .128. In other words, the mental health literacy variable is influenced by the variables in the model by 12.8%, namely self-stigma, stigma of mental health, and social support.

Table 3. Descriptive Data of Research Variables (n = 408)

Description	PHS	MHL	SS	SMI	PSS
Median	28.000	82.000	40.000	76.000	40.000
Mean	28.654	82.049	38.956	77.775	28.654
95% CI Mean Upper	28.982	82.881	39.352	79.176	28.982
95% CI Mean Lower	28.327	81.217	38.560	76.373	28.327
Standard Deviation	3.364	8.548	4.066	14.401	3.364
95% CI Standard Deviation Upper	3.670	9.242	4.301	15.597	3.670
95% CI Standard Deviation Lower	3.038	7.908	3.832	13.184	3.042
Shapiro-Wilk	.971	.994	.953	.970	.971
Shapiro-Wilk P-Value	.001	.122	.001	.001	< .001
Minimum	16.000	54.000	30.000	40.000	16.000
Maximum	40.000	114.000	47.000	131.000	40.000

RESULTS

Data were analyzed using descriptive and inferential statistics in JASP. To examine the study hypotheses, a classical process model analysis was conducted to simultaneously test direct, mediation, and moderation effects (Hayes, 2018; Hayes, 2022). In this model, mental health literacy was specified as a mediator, whereas social support was examined as a moderator in the relationship between stigma and professional help-seeking behavior among university students experiencing psychological difficulties.

The classical process model was estimated using data from 408 participants. Model summary statistics indicated AIC = 23.833, BIC = 23.933, and a log-likelihood of -11.892 with 3 degrees of freedom. These indices provide information regarding model estimation and comparative fit, although no alternative models were compared. Subsequent analyses examined the role of mental health literacy as a mediator and social support as a moderator in the association between self-stigma, stigma of mental illness, and professional help-seeking behavior among university students experiencing psychological difficulties. Following the estimation of the classical process model, the direct and indirect effects among the study variables were examined.

Table 5. Hypothesis Testing Results (Direct Effects)

Path	Estimate	SE	Z	p	CI 95%	
					Lower	Upper
Mental health literacy -> Help-seeking professional	0.058	0.019	2.965	.003	0.020	0.096
Self-stigma -> Help-seeking professional	-0.036	0.038	-0.946	.344	-0.111	0.039
Stigma of mental illness -> Help-seeking professional	0.040	0.008	5.136	<.001	0.025	0.055
Self-stigma -> Mental health literacy	0.011	0.097	0.117	.907	-0.179	0.202
Stigma of mental illness -> Mental health literacy	0.141	0.018	7.6668	<.001	0.105	0.177

The direct effects among the study variables are presented in Table 5. Mental health literacy was positively associated with professional help-seeking behavior ($\beta = 0.058$, $p = .003$). Stigma of mental illness was also positively associated with help-seeking ($\beta = 0.040$, $p < .001$). In contrast, self-stigma was not significantly associated with professional help-seeking ($\beta = -0.036$, $p = .344$). Regarding predictors of mental health literacy, stigma of mental illness showed a significant positive association ($\beta = 0.141$, $p < .001$), whereas self-stigma was not significantly related to mental health literacy ($\beta = 0.011$, $p = .907$).

Table 6. Hypothesis Testing Results (Indirect Effects-Mediating analysis)

Mediating Path	Estimate	SE	Z	p	95% CI	
					Lower	Upper
Self-stigma -> Mental Health Literacy -> Help-seeking professional	6.538x10 ⁻⁴	0.006	0.117	.907	-0.010	0.012
Stigma of mental illness -> Mental Health Literacy -> Help-seeking professional	0.008	0.003	2.766	.006	0.002	0.014

The mediation analysis results are shown in Table 6. Mental health literacy did not significantly mediate the relationship between self-stigma and professional help-seeking ($\beta = 0.0006$, $p = .907$). However, mental health literacy significantly mediated the relationship between stigma of mental illness and help-seeking behavior ($\beta = 0.008$, $p = .006$)

Table 7. Hypothesis Testing Results (Indirect Effects-Moderating analysis)

Moderating Path	Unstandardized	SE	Standardized	t	p
Social support * Self-stigma -> Help-seeking professional	-2.243x10 ⁻⁵	0.004	-0.003	-0.005	0.996
Social support * Stigma of mental illness -> Help-seeking professional	-4.920x10 ⁻⁶	6.453x10 ⁻⁴	-0.003	-0.008	0.994

The moderation analysis is presented in Table 7. The interaction effects between social support and self-stigma, as well as between social support and stigma of mental illness, were not statistically significant ($p > .05$). These results indicate that social support did not moderate the relationships between stigma variables and professional help-seeking behavior.

DISCUSSION

The present study examined the relationships among mental health literacy, stigma, social support, and professional help-seeking behavior among university students experiencing psychological difficulties. Overall, the findings suggest that mental health literacy was positively associated with professional help-seeking, whereas self-stigma was not significantly related to help-seeking in this sample. Stigma of mental illness was positively associated with both mental health literacy and help-seeking behavior, and mental health literacy partially mediated this relationship. However, social support did not appear to moderate the relationships between stigma variables and help-seeking behavior.

The positive association between mental health literacy and professional help-seeking is broadly consistent with earlier research highlighting the importance of knowledge and beliefs in recognizing mental health problems and seeking appropriate assistance (Jorm, 2000). Individuals who better understand symptoms, treatment options, and the nature of psychological difficulties may feel more confident considering professional support. Similar patterns have been reported by Kim et al. (2020), who found that mental health literacy is associated with improved recognition of mental health problems and greater openness to seeking help. Nevertheless, the explanatory power of the present model was relatively modest, suggesting that mental health literacy likely represents only one factor among several that may influence help-seeking behavior.

Contrary to expectations, self-stigma was not significantly associated with professional help-seeking in the present study. Although previous research has often identified self-stigma as a barrier to help-seeking (Lannin & Bible, 2021), other studies suggest that its role may vary across contexts. For example, Radez et al. (2021) found that among adolescents and university students, factors such as perceived need, problem severity, and personal coping strategies may have a stronger association with help-seeking decisions. In the Indonesian university context, students may simultaneously experience internal concerns about stigma while also considering

practical factors such as academic pressure, family expectations, or access to services. As a result, the relationship between self-stigma and help-seeking may be more complex than a direct association.

Another noteworthy finding is that stigma of mental illness showed a positive association with professional help-seeking behavior. This pattern may appear inconsistent with research describing stigma as a barrier to service use (Clement et al., 2015). However, one possible explanation is that individuals who perceive mental illness as serious or socially consequential may also recognize the potential value of professional support. Some studies involving Asian populations have reported similar patterns, suggesting that concerns about the social implications of mental health problems may increase the perceived urgency of addressing them (Ho et al., 2025). Within university environments characterized by academic demands, such perceptions may be associated with a greater willingness to consider professional assistance.

The findings also indicated that self-stigma was not significantly associated with mental health literacy. This suggests that knowledge about mental health does not necessarily correspond with lower levels of internalized stigma. Previous research has shown that educational interventions can increase knowledge without consistently reducing self-stigma (Lanfredi et al., 2019). These results may indicate that mental health literacy and internalized attitudes toward help-seeking represent related but distinct psychological processes.

In contrast, stigma of mental illness showed a positive association with mental health literacy. One interpretation is that individuals who are more frequently exposed to discussions about mental health—through educational settings, media, or public discourse—may develop both greater awareness of stigma and greater knowledge about mental health issues. Yang et al. (2024) similarly suggested that exposure to mental health information may simultaneously increase knowledge and awareness of societal attitudes toward mental illness. From this perspective, stigma awareness and mental health literacy may develop through overlapping informational experiences.

The mediation analysis further indicated that mental health literacy did not mediate the relationship between self-stigma and help-seeking behavior. This finding suggests that knowledge alone may not fully explain how self-stigma relates to help-seeking decisions in this sample. Previous research has noted that self-stigma among young adults may fluctuate depending on social context, such as whether help is sought for oneself or recommended to others (Villatoro et al., 2022). Consequently, other processes, such as emotional readiness, perceived norms, or prior experiences with psychological services, may also play a role.

By contrast, mental health literacy partially mediated the relationship between stigma of mental illness and professional help-seeking. This finding may indicate that knowledge about mental health represents one pathway through which perceptions of mental illness relate to help-seeking. Students who perceive mental disorders as socially significant may also be more likely to acquire information about mental health and available services, which in turn may be associated with greater openness to professional support. Similar observations have been reported in previous research, suggesting that mental health literacy can serve as a psychological pathway linking perceptions of stigma and help-seeking attitudes (Yang et al., 2024).

The present study did not find evidence that social support moderated the relationships between stigma variables and professional help-seeking. This finding is consistent with research suggesting that social support does not always increase the likelihood of formal help-seeking. In some contexts, strong informal support networks may reduce the perceived need for professional services (Snowden, 2001; Maulik et al., 2009). Within collectivistic cultures such as Indonesia, individuals may rely on family members, close friends, or religious coping strategies when facing psychological difficulties, which may coexist with lower levels of formal service use.

Similarly, social support did not moderate the relationship between self-stigma and help-seeking behavior. Some studies suggest that social support can buffer the effects of stigma (Kim et al., 2025; Zhao, 2023), whereas others report weaker or inconsistent associations. The present findings therefore add to ongoing discussions regarding the conditions under which social support may influence help-seeking behavior.

Additional analyses examining demographic differences provided further context for the main findings. Professional help-seeking behavior, mental health literacy, and stigma of mental illness did not vary substantially across demographic groups, suggesting that these constructs may operate relatively consistently among university students. In contrast, self-stigma differed according to prior help-seeking experience, with students who had never accessed professional services reporting higher levels of self-stigma. Perceived social support also varied across several demographic conditions, indicating that contextual and interpersonal factors may influence support networks.

Taken together, the findings may reflect the complexity of psychological and social factors associated with professional help-seeking among university students. However, these results should be interpreted cautiously, as they may reflect measurement or contextual factors rather than a direct facilitative role of stigma associated with professional help-seeking among university students. Mental health literacy appears to represent one contributing factor related to help-seeking behavior, while the roles of stigma and social support may depend on contextual conditions. Because the data were cross-sectional, causal interpretations cannot be drawn. Future research using longitudinal designs and broader conceptual models may help clarify how these variables interact over time in shaping help-seeking behavior among young adults.

CONCLUSIONS

This study suggests that mental health literacy is associated with professional help-seeking among university students experiencing psychological difficulties. Mental health literacy was directly related to help-seeking and partially mediated the relationship between stigma of mental illness and help-seeking. Although self-stigma was not significantly associated with help-seeking, higher levels were observed among students who had never sought professional support. Overall, the findings highlight mental health literacy as one potential component in efforts to encourage professional help-seeking among university students. Future longitudinal studies are needed to clarify the direction of these relationships.

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AUTHOR CONTRIBUTION STATEMENT

The authors contributed to this research in accordance with their respective areas of expertise. The first author conceptualized the overall study, conducted data collection, performed data analysis, and led the manuscript preparation. The second and third authors contributed to strengthening the theoretical framework, refining the discussion, and supporting the interpretation of findings. The fourth author contributed to the development of the methodology and assisted with data analysis.

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