

Impacts of Mental Health Stigma On Help Seeking Behavior Among University Students: A Case Study of District Sargodha

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Abstract

Stigma on mental health is one of the key factors that inhibit individuals, especially young adults, to access professional psychological support. In this research, the study explores the connection between mental health stigma and help-seeking among university students. The main aim of the study was to investigate the effect of various aspects of the stigma on the attitudes of students towards seeking mental health support. The study used a quantitative research design to address the study objectives. The survey was conducted via a structured questionnaire that was administered to the respondents (university students) by adopting a convenient sampling method. The questionnaire was used to gauge the variables of perceived stigma, internalized stigma and attitudes to seeking help. The Statistical Package of the Social Sciences (SPSS) was used to perform statistical analysis, which included descriptive statistics, correlation analysis and regression analysis to investigate the relationship between the study variables. The research results show that the effect of mental health stigma on help-seeking behavior is negative and important among the students. The more perceived and internalized stigmatization, the less willingness to seek professional psychological help. The findings also indicated that social perceptions and fear of discrimination are significant factors that deter individuals to seek mental health services. Moreover, awareness and mental health literacy were identified to have an effect on the attitudes toward help-seeking. This study concludes that the stigma associated with mental health problems and the lack of awareness about them are the key factors that must be reduced to enhance the behavior of students concerning the help-seeking behavior in the university. The schools, the policy makers and mental health professionals must carry out awareness building, counseling services, and environments that would make students seek professional help when necessary. The study is adding to the existing literature by demonstrating the need to address the issue of stigma in order to achieve a better mental health outcome in young adults.

Keywords: Stigma of mental health seeking, help-seeking behaviour, university students, psychological support, mental health awareness

Introduction

Mental health is an important aspect of the overall health. It demands extraordinary care for the growth and care of other parts of body. However, mental health stigmas remain a considerable barrier to treatment for several individuals. In young adults, the negative stigma on mental health may lead to an internal feeling of shame, embarrassment, and guilt, which would considerably affect their readiness to ask for help. Internalizing mental health stigma represents the mechanism through which persons with mental difficulties embrace the negative beliefs about mental disorder that are exposed to the rest of the world in society and thus directed to themselves by the holder of the mental disorder (Patrick et al., 2022).

The value of early intervention for mental health issues has gained more attention in recent years, especially for young people who are particularly vulnerable to these illnesses. These dysfunctions typically occur at crucial stages of development, such as college life or the onset of adulthood. Whereas an increased number of young adults exhibit symptoms of mental health, such as anxiety, depression, or stress, survey have continually demonstrated that they are less likely to be treated for such conditions than older individuals or those with less stigmatizing beliefs. This stigma towards seeking help is usually based on self-stigma, which can be expressed in many different ways, like fear of being judged, the feeling of blaming themselves, and considering help-seeking an act of cowardice (Imai, 2018).

Background of the Study

Mental health is a vital part of wellbeing particularly of students in universities who experience specific academic, social, and personal stressors. Although there is growing knowledge about psychological disorders in higher learning, many students are still silent sufferers because the topic of psychological distress is still a taboo (Eisenberg et al., 2009). Both perceived and internalized stigma, particularly regarding mental health, has been demonstrated to be a significant mechanism to individuals seeking professional assistance (Corrigan, 2004).

Academic pressure, financial stress, identity formation, and social adaptation are some reasons that can contribute to a condition of significant psychological distress of university students (Hunt & Eisenberg, 2010). Nevertheless, many students who suffers mental health related concerns, and who receive some counseling services, is very small, despite the existence of the purely available counseling services (Gulliver, Griffiths, & Christensen, 2010). Stigma is an important factor contributive to the treatment gap and manifest in various forms, including public stigma, self-stigma, and expected stigma (Clement et al., 2015). Stigma produces negative attitudes, prejudice, and humiliation, which inhibit students from recognizing their problems and obtaining professional assistance before it becomes critical (Yap et al., 2013). Such evasion may culminate into aggravated symptoms, learning failure, solitude, and even suicide or self-injury. This makes it crucial that the research should find out how stigma affects the help-seeking behaviours particularly on college campuses where mental illnesses are on the rise yet students do not report them (Rickwood, Deane, Wilson, & Ciarrochi, 2005).

Statement of the Problem:

The mental health problems of university students raise but neglected the level of help-seeking behavior especially District Sargodha. Mental health stigma is one of the leading obstacles of asking for professional help. Students are usually afraid of being judged, labeled as weak or unstable or being isolated due to seeking psychological support services. The stigma can be more firmly anchored especially in the rural or less urbanized places like Sargodha due to the little knowledge regarding mental health and the overall rigidity of society. This stigma does not only cloud the willingness of students to accept the fact that they are mentally sick, but also interferes with intervention and initial treatment. It subsequently increased mental health problems which impact the academic performance, the relationship with others and also the general well-being. The objective of this study is to analyze

the impact of mental health stigma on the behavior of university students in District Sargodha who seek assistance. The findings of this study will be used to inform involvement that promote mental health awareness and tackle mental health stigma among university students in the district Sargodha.

Research Questions:

There are some research question that are given below:

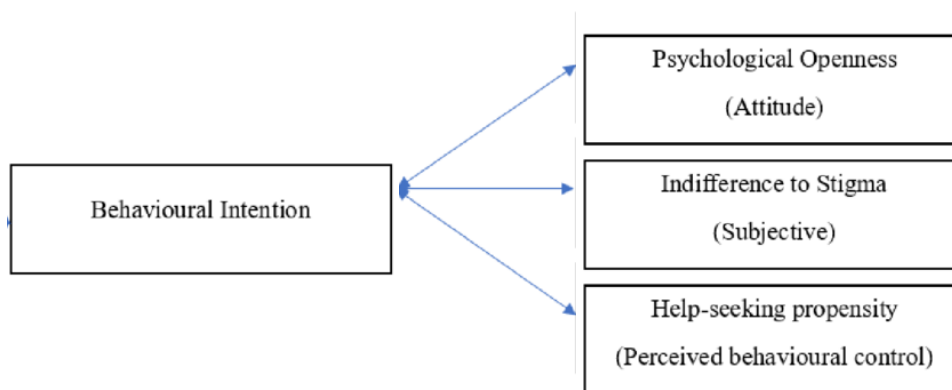
1. Which forms of mental health stigma (for example, self stigma, perceived stigma, public stigma) are most common among university students in district Sargodha?
2. What is the biggest impediments to university student help-seeking mental support in this district?
3. Do men and women differ in the stigma impact on the help-seeking among students in a university?
4. How do cultural and social norms in Sargodha influence attitudes to mental health and the seeking of help?

Objectives of the study

There are some research objectives that are given below:

- To evaluate the level of internalized mental health stigma among university students in Sargodha, Pakistan.
- To investigate the relationship between internalized mental health stigma and the likelihood of seeking professional help for mental health concerns among university students.
- To explore the barriers perceived by students in seeking mental health help, focusing on the role of internalized stigma.
- To examine the influence of cultural, social, and familial factors on mental health stigma and help-seeking behaviors among university students in Sargodha.

Conceptual Framework:



Literature Review

Mental health has emerged as an increasing issue in the global society especially among the young adults and university students who have to undergo a number of academic, social and personal stresses in the course of education. The life in the university usually subjects the students to new responsibilities, expectations, and changes in the environment that might lead to psychological stress, anxiety, depression, and other mental health problems. Although the problem of mental health among students has been on the rise, many are reluctant to consult professional assistance because of stigma and negative attitudes of the society towards mental illness. Consequently, the connection between mental health stigma and help-seeking behavior has emerged as a significant field of study within the psychology, sociology and public health fields (Gulliver, Griffiths, and Christensen, 2010).

Mental health stigma can be viewed as negative beliefs, stereotypes and discriminatory attitudes against people with psychological disorders. Such stigmatizing attitudes usually result in social

rejection, labeling and marginalization of mentally ill persons. Mental illness is still a poorly understood phenomenon in most societies which is linked to weakness, instability or incompetence. These perceptions make people not to talk openly about their mental health problems or receive any kind of professional care. This, in turn, makes stigma a significant obstacle that does not allow people to obtain mental health services and get the relevant psychological assistance (Corrigan & Watson, 2002).

In university students, the role of mental health stigma is especially prominent in the determination of attitudes toward psychological help-seeking. Students might be afraid of negative perceptions by peers, faculty members or family members when they access mental health services. These fears may result in internalized stigma, whereby people accept and put into practice the negative stereotypes used in society. Stigma internalization may lower self-esteem, augment the sense of shame, and eventually deter people to seek professional help. Thus, the role of stigma in helping behavior among college students is crucial to the creation of effective mental health-related interventions and support provisions among university institutions (Vogel, Wade, & Hackler, 2007).

This chapter aims to provide a review of the literature that exists on the subject of mental health stigma and help-seeking behavior among university students. The chapter explains the meaning of mental health, the kind of stigma related to mental illness, the determinants of help seeking behavior, and past studies done on mental health stigma in other cultural settings. This chapter offers both theoretical and empirical basis of the way in which stigma can affect the attitudes of students towards seeking psychological support by analyzing the results of the past researches (Rickwood, Deane, Wilson, & Ciarrochi, 2005).

According to Gourash (1978), help-seeking refers to the behaviors that individuals indulge in in order to obtain resources from others. In 2022, a study determined that help-seeking constitutes an evolving psycho-social discourse wherein young individuals (ages 11-25) expressed a deficiency in knowledge, insecurity, unfamiliarity with mental health issues, a preference for self-sufficiency, and the presence of stigma (Westberg et al. 2022). The most probable circumstance to get support occurs when the mental health condition is regarded as unfavorable and inappropriate for self-resolution. This is also apparent in the service selection process (Cauce et al., 2002).

Research Methodology

This chapter introduced the methodology to be used in exploring the effects of internalized mental health stigma on the help-seeking behavior in the group of university students of the University of Sargodha, Pakistan. It presented the research design, population, sampling process, instruments, data collection process, statistical methods and ethical considerations applied to analyze the data.

Research Design

The research was conducted in a quantitative, cross-sectional, correlational research design that is common in behavioral and social science research in order to find out the relationships between variables at one point. It was suitable to use the quantitative method to measure internalized mental health stigma and its relationship with the help-seeking behavior. The data collection was a cross-sectional design that enabled the collection of data at a single point in time and the study was explanatory and predictive in nature as the study evaluated both the association and prediction of variables.

Population of the Study

The study population was all of the current BS students at the University of Sargodha, Pakistan. These students were of different academic, social and demographic backgrounds with difference in age, gender, socioeconomic status and cultural orientation. The university was chosen because it has a large and diverse student body that gives an adequate context to study the internalized mental health stigma and help seeking behavior within an academic context.

Sample Size and Sampling Technique

The data were collected by using convenience sampling method on the students of the University of Sargodha. The participants were randomly picked and approached in the university. The sampling size was calculated according to Krejcie and Morgan (1970) sampling table that is usually applied in the estimation of the correct sample size in any social study. On a population of more than 25,000 students, 384 respondents were sampled and this was deemed enough to statistically analyze and generalize.

Research Instruments

The standardized and widely validated instruments were used to gather data which were developed by Wilson, Deane, Rickwood and Ciarrochi (2005). This study employed two key scales namely: the Internalized Stigma of Mental Illness (ISMI) Scale and the General Help-Seeking Questionnaire (GHSQ). The instruments were not modified to fit their original version since they are still valid and reliable.

Internalized Stigma of Mental Illness Scale (ISMI)

The scale used to test internalized stigma was the ISMI scale which was created by Ritscher, Otilingam, and Grajales (2003) to measure the stigma in individuals with mental health issues. It measured various dimensions such as alienation, stereotype acceptance, experience of discrimination, social withdrawal and stigma resistance. The answers were noted based on a Likert-type scale whereby the higher the score the more the internalized stigma.

General Help-Seeking Questionnaire

The measurement of the help-seeking behavior involved the General Help-Seeking Questionnaire, created by Wilson et al. (2005) which measured the willingness and intention of the participants to get professional psychological assistance. The instrument employed an instrument of Likert-type response format whereby higher scores indicated higher help seeking intention.

Data Collection Procedure

Data collection was preceded by seeking formal permission with the authorities in the concerned universities. Informed consent was obtained in the study as the participants were briefed on the purpose of the study. The attendance was optional and confidentiality and anonymity was highly upheld. The questionnaires were administered to a number of students of choice in the university grounds and sufficient time was allowed to complete the questionnaires.

Data Analysis Techniques

The analysis of the data was conducted with the help of SPSS 26 (IBM Corporation, 2021). The data was filtered on the basis of missing data, outliers and normality. The instruments were measured to determine their reliability by using Cronbach Alpha with 0.70 being considered as acceptable. Data were described using descriptive statistics which included mean, standard deviation, frequency, and percentage. Product Moment correlation was used to analyse variables relationships. Moreover, multiple linear regression analysis was done to evaluate the predictive impact of internalized stigma on the seeking of help. The differences by the demographic variables were also analyzed with the help of independent sample t-tests and two-way ANOVA.

Ethical Considerations

The research adhered to the set of ethical standards in social research. The involvement was entirely voluntary and the respondents were free to drop out any time without repercussions. None of the personal identifying information was gathered in order to guarantee confidentiality and anonymity. The data were not used in any other way other than academic and were safely kept, according to ethical guidelines suggested in psychological and social research.

Data Analysis

Table 1: Combined Demographic Profile of Respondents (n = 384)

Variable	Category	Frequency	Percentage
Gender	Male	226	58.8
	Female	158	41.2
Age	18–20 years	45	12
	21–23 years	165	43
	24–26 years	120	31
	26 and above	54	14
Academic Program	BS 4-Year	232	60.5
	Intake 2 Years	100	26
	Other	52	13.5
Stay in Hostel	1–2 years	44	11.5
	2–3 years	120	31.2
	More than 3 years	220	57.2
Total	—	384	100

The demographic results of the study revealed that the sample population was mostly male with a 226 (58.8) males and 158 (41.2) females being the respondents to the survey which means that a larger number of male students participated in the survey. Regarding the age distribution, the highest percentage of 165 (43%), was in the 2123 years age group, and the lowest percentage, 45 (12%), was in the 1820 age group, implying that the young adults formed the largest percentage of the sample. In terms of academic program, the majority of the respondents had 4-year programs, 232 (60.5%), and the lowest number of respondents was 52 (13.5) which was in the category of other programs, indicating that undergraduate students comprised the largest group of academic programs. On the same note, hostel stay results showed that a significant percentage of the respondents, 220 (57.2) had over three years in the hostel stay and only 44 (11.5) respondents had stayed in hostel between 1-2 years meaning that most of the participants had been exposed to hostel life longer. In general, the demographic analysis revealed that the sample mostly consisted of male, young adult, BS 4-year students with long hostel experience which gives a fairly homogenous and pertinent sample to study psychological and behavioral trends.

Table 2: Combined Key Findings of Stigma and Help-Seeking Variables (n = 384)

A. Internalized Mental Health Stigma (Selected Key Items)

Statement (Summary)	Highest Response	%	Lowest Response	%
Feeling embarrassed/shame	Agree	52.8	Strongly Disagree	2.5
Feeling inferior	Agree	44	Neutral	3.9
Avoid socializing	Agree	44.5	Neutral	5.2
Life spoiled due to illness	Agree	53.6	Strongly Disagree	4.6
Stereotypes apply to self	Agree	43.4	Strongly Disagree	4.6

B. Help-Seeking Behavior (General Emotional Problems)

Source	Highest Response	%	Lowest Response	%
Intimate Partner	Extremely Unlikely	45.6	Extremely Likely	12.7
Friend	Extremely Likely	23	Unlikely	25
Parent	Extremely Unlikely	34.9	Extremely Likely	14.6
Mental Health Professional	Extremely Unlikely	42.2	Extremely Likely	11
Doctor/GP	Extremely Unlikely	40.3	Extremely Likely	14.6
Religious Leader	Extremely Unlikely	41.7	Extremely Likely	9.9

C. Help-Seeking Behavior (Suicidal Ideation)

Source	Highest Response	%	Lowest Response	%
Friend	Extremely Likely	53.1	Unlikely	9.4
Parent	Extremely Likely	35.7	Extremely Unlikely	16.1
Family/Relatives	Extremely Unlikely	54.1	Extremely Likely	9.4
Mental Health Professional	Extremely Likely	42	Extremely Unlikely	16.1
Doctor/GP	Extremely Unlikely	53.4	Extremely Likely	6
Religious Leader	Extremely Likely	37	Extremely Unlikely	13

The general results of the study revealed that respondents had high internalised mental health stigma with the majority of the respondents expressing agreement with the negative self-perceptions of feeling embarrassed (52.8%), life is spoiled (53.6%), and feeling inferior (44%) with the least responses being recorded on the strongly disagree section or neutral section which expressed limited rejection of the stigma-related beliefs. Respondents exhibited a high rate of avoiding formal and professional assistance in terms of general help seeking with the highest percentages reporting extremely unlikely responses in mental health professionals (42.2%), doctors (40.3%), intimate partners (45.6), and religious leaders (41.7) as opposed to friends which had a relatively higher acceptance rate (23% likely). Nevertheless, the help-seeking behavior in the case of suicidal ideation scenario changed dramatically with the respondents being more likely to seek help of friends (53.1% extremely likely), parents (35.7% extremely likely), and mental health professionals (42% extremely likely) whereas family members and doctors were still more associated with avoidance. In general, the findings indicated that internalized stigma was rather high, but the help-seeking behavior was different in accordance with the severity of psychological distress, and the tendency to use informal sources of support was greater than the professional one.

Table 4.3: Summary of Statistical Analysis Results (Hypothesis Testing) (n = 384)

A. Assumption Testing

Test	Variable	Statistic	df	Sig.	Result
Shapiro-Wilk	ISMI Total	0.973	384	0.054	Normal
Shapiro-Wilk	Help-Seeking Total	0.968	384	0.051	Normal

B. Reliability Analysis

Scale	Items	Cronbach's Alpha	Interpretation
ISMI Scale	29	0.88	Good Reliability
GHSQ Scale	20	0.82	Good Reliability
Overall	49	0.86	Good Reliability

C. Regression Analysis

Model	R	R ²	F	Sig.	Result
ISMI → Help-Seeking	0.462	0.213	42.56	0.000	Significant

D. Correlation Analysis

Variables	r	Sig.	Relationship
ISMI ↔ Help-Seeking	-0.462	0.01	Negative Significant

E. Critical Values (t-test reference)

α Level	df	Critical t-value
0.05	382	±1.96
0.01	382	±2.58

The outcome of hypothesis testing indicated all the assumptions of statistics were satisfied since the Shapiro-Wilk test showed that the internalized mental health stigma ($p = 0.054$) and help-seeking behavior ($p = 0.051$) were normally distributed. The reliability analysis also revealed high internal consistency of the research instruments since the Cronbach alpha values are much higher than the

acceptable level (ISMI = 0.88, GHSQ = 0.82, Overall = 0.86) and so the scales are highly reliable to be analysed. The results of regression analysis revealed that internalized mental health stigma moderately (significantly) predicted help-seeking behavior ($R = 0.462$), stigma explained 21.3 per cent of help-seeking behavior ($R^2 = 0.213$) and the model was significant ($F = 42.56$, $p = 0.001$). Additionally, Pearson correlation analysis revealed the same result indicating that there was a significant negative relationship between the two variables ($r = -0.462$, $p < 0.01$) which means that the high levels of internalized stigma were related to low levels of help-seeking behavior. The statistical findings on the whole were a strong argument to the research hypothesis and proved the existence of a negative and significant factor of internalized mental health stigma to the help-seeking behavior in students.

Discussion

The results of the current research showed that there was an apparent trend of a high level of internalized mental health stigma among students at the university. A significant percentage of the respondents also had negative self perceptions with 52.8% said that they were embarrassed about their mental illness and 53.6% said they felt that their life had been spoiled as well as 44% said that they felt inferior to others. Such outcomes suggest that over a half of the respondents had strong self-stigmatizing beliefs. These results are in line with previous studies that indicate internalized stigma continues to be a significant psychological load among the youth adults and that it has significant impact on self-esteem and self-worth.

The research also indicated that many of the respondents shared the socially stigmatizing attitudes, including that they viewed mentally ill people as being violent (47.3%), that they were socially discriminated against (43.5%), and that they believed that they could not do much in life (60.4%). Such large percentages indicate that there are still societal stereotypes that are being internalized in students. This reinforces the notion that stigma is not merely a creation of the social world but it is also taken up psychologically, contributing to the strengthened and sustained negative attitudes toward mental illness and lack of confidence in personal abilities.

The results revealed a high degree of avoidance of formal support systems in terms of help-seeking behavior in general emotional or personal problems. Most of the respondents said that they were extremely unlikely to consult mental health professionals (42.2%), doctors (40.3%), or religious leaders (41.7%). There was even a high level of avoidance in help-seeking by intimate partners (45.6% extremely unlikely). These findings indicate that professional and formal sources of assistance are not used, probably because of stigma, ignorance, or fear of being judged, which can be barriers to students receiving mental health care where necessary.

The results also however indicated that the students were more willing to turn to informal sources of help like friends and family in certain circumstances. To illustrate, in situations of suicidal ideation, 53.1% of the respondents said that they were extremely likely to turn to friends, and 35.7% to parents. Likewise, 42% stated that they would be interested in seeking the assistance of mental health specialists when they are having suicidal thoughts. This suggests that the level of psychological distress can drive the level of openness to seek help especially through the help of close social circles, but the use of formal healthcare services is minimal.

These results were further supported by correlation and regression analysis which showed that internalized stigma and help seeking behavior had significant negative correlation ($r = -0.462$, $p < 0.01$). The regression model revealed that internalized stigma had a significant predictive effect since 21.3% of the variance in the help-seeking behavior was attributed to it ($R^2 = 0.213$). This is an indication that the more internalized stigma, the less likely to seek psychological assistance amongst the students. These findings can be supported by theoretical models that propose that stigma is a psychological barrier to the help-seeking behaviour.

Altogether, the research finds that the internalized mental health stigma is very common in the group of university students and has a negative impact of high significance on the help-seeking behavior of university students. Although the students are willing to some extent to seek help in extreme situations like suicidal thoughts, their overall lack of interest in getting formal mental health services indicates a severe lack of awareness and the use of mental health services. The results highlight the importance of designing mental health awareness, stigma reduction, and enhancing access to psychological services in a university to promote prompt and proper help-seeking behavior.

Conclusion

The current study has determined that stigma of mental health is a very high among university students of District Sargodha and it has a very adverse effect on their help seeking behavior. The demographics revealed that the research was largely males dominated (58.8%), with a majority of them being in the 21-23 years bracket (43%), and BS 4-year programs (60.5%). This young and well-educated sample were still capable of showing high internalized stigma with over half of the respondents stating that they felt ashamed (52.8%), and that they thought that mental illness had had a negative impact on their life (53.6%). The above results are a clear indication that stigma is still entrenched even in university level students.

The findings also confirmed the presence of the internalized mental health stigma that had a great impact on the self-perception and social behavior. A significant percentage of the respondents said they felt inferior (44%), socially withdrawn (44.5%), and they thought that they are stereotyped (43.4%). In addition, many respondents (60.40% of the respondents) felt that other people believe that they are not capable of doing a lot in life because they are mentally ill. Such high percentages indicate that stigma is not simply an externally-based social phenomenon, but it is also internalized and the consequence of this is a huge loss of confidence and psychological well-being among students.

The study revealed a distinct avoidance behavior towards formal mental health services in terms of help-seeking behavior. A high percentage of the respondents indicated that they were highly unlikely to use mental health professionals (42.2%), doctors (40.3%), and religious leaders (41.7%), to seek services of general emotional issues. But in these extreme circumstances (suicidal thoughts) students were less willing to turn to friends (53.1% extremely likely), parents (35.7%), and mental health professionals (42%). This means that informal support systems are used more, although formal psychological services remain underutilized although there are high levels of misery.

The correlation between stigma and help seeking behavior had a strong support of the inferential statistics. The correlation test revealed that the internalized stigma had a significant negative correlation ($r = -0.462$, $p < 0.01$) and that the regression test revealed that internalized stigma was also found to explain 21.3 percent of the variance in the help-seeking behavior ($R^2 = 0.213$). These results affirm that the more the mental health stigma, the less the chances of psychological help seeking. The study on the whole finds that decriminalization of mental health and enhancement of awareness plays a vital role in positive help seeking behaviour among university students in District Sargodha. Institutional interventions, awareness campaigns and available counseling services have been found to be highly recommended to enhance mental health outcomes of students.

Recommendations/Suggestions

- The recommendations and suggestions given below are based on the research findings to decrease mental health stigma and enhance the behavior of help-seeking among university students in the District of Sargodha.

- Recommendations: It is highly advisable that universities must introduce regular mental health awareness to their students to inform them about mental disorders, their symptoms, and treatment options. Such programs must be aimed at dispelling the misconceptions and negative stereotypes on mental illness.
- Colleges ought to create and build on campus counseling offices whereby students can get confidential and professional psychological counseling without the fear of stigma or being labeled. The ease of access and privacy can greatly enhance the help seeking behavior.
- Workshops, seminars, and training should be provided where the mental health professionals can freely discuss stigma, emotional state and coping mechanisms. This form of interaction can be used to decrease the fear and make mental health conversations common among students.
- Peer support A peer support system needs to be built at universities; in this case, some students are to be trained to offer rudimentary emotional assistance and refer their peers to professional assistance. This will help fill the gap between the students and mental health services.
- Faculty members and other academic staff: They should be trained on how to recognize the early signs of mental distress in students and refer them to relevant counseling services. Early detection and support can be of significance to teachers.
- Introducing and enforcing of anti-stigma policies in universities would guarantee the provision of a safe, inclusive and non-discriminatory environment to students with mental health issues. This will help to decrease fear of being rejected by others.
- Mental health education: Mental health education should be introduced in academic programs to raise long-term awareness and knowledge rates among the students. Education at early age can be used to eliminate the stigma at the low level and produce positive attitudes towards psychological wellbeing.
- Families also need to be included by creating awareness and community-based programs to eliminate stigma on the household level. This can significantly enhance the willingness of students to seek help since the influence of family is high in Pakistani society.
- Social media campaigns: to inform about mental health and promote the help-seeking behavior. The negative perceptions of the youth can be changed with the help of positive content, real-life experiences, and expert guidance.
- Lastly, the universities, government health departments, and mental health organizations should be encouraged to work together to come up with sustainable mental health support systems. This will guarantee long term enhancement in mental health services and minimize stigma on a larger scale in the society.

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