HELP-SEEKING EXPERIENCE, STIGMA AND MENTAL HEALTH LITERACY AMONG SLOVAK UNIVERSITY STUDENTS

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Abstract

Background: University years can be stressful, making students vulnerable and reluctant to seek mental health support. Aim: This study aims to examine the associations between gender, self-stigma, social stigma, help-seeking experiences, and mental health literacy among Slovak university students. From October 2024 to January 2025, 321 students (M age = 22.18, SD = 2.34; 63.9% women) participated via online (32.7%) and paper-based (67.3%) surveys. Measures included The General Help-Seeking Questionnaire, The Self-Stigma of Seeking Help Scale, The Perceptions of Stigmatization by Others for Seeking Help Scale, and The Mental Health Literacy Scale. Data analysis utilized descriptive statistics, correlation analysis, and multiple linear regression. Results: Most university students (68.8%) had not sought help from mental health professionals. Among the 31.2% who had, their visits (M = 12.11, SD = 20.4) were generally perceived as helpful (M = 3.72, SD = 1.28). Students exhibited high self-stigma and mental health literacy, but low social stigma. Correlation analysis showed significant associations between gender, self-stigma, social stigma, and mental health literacy, as well as between self- and social stigma, and self-stigma and past help-seeking experience. Multiple regression analysis indicated that self-, social stigma and gender were negatively associated with mental health literacy, suggesting lower self- and social stigma correlated with higher mental health literacy. Female students exhibited higher mental health literacy than male students. Conclusion: This study highlights the need for education and awareness campaigns to reduce stigma and improve mental health literacy, ultimately encouraging help-seeking behaviors among students. Future research is needed to better understand the relationship between help-seeking experiences and mental health literacy.

Keywords: Help-seeking experience, mental health literacy, self-stigma, social stigma, university students.

1. Introduction

University life presents both excitement and challenges, with students facing increased stress, new experiences, and major transitions, including academic pressures and personal independence (Baik, Naylor, & Arkoudis, 2015; McKay, O'Bryan, & Kahu, 2021). Research indicates rising anxiety, depression, and suicidal ideation among students (Barrable, Papadatou-Pastou, & Tzotzoli, 2018; Beks, Cairns, Smygwaty, Miranda Osorio, & Hill, 2018), along with academic struggles and career uncertainties (Krumrei, Newton, & Kim, 2010; Çebi & Demir, 2020). Studies suggest university students face higher mental health risks than the general population (Blanco et al., 2008; Beks et al., 2018) yet are often reluctant to seek professional help (Rickwood, Deane, & Wilson, 2007).

A major barrier to mental health treatment among university students is inadequate mental health literacy (MHL), or difficulty recognizing symptoms of mental illness (Kountra, Pantelaiou, & Mavroeides, 2024). MHL, introduced by Jorm et al. (1997), encompasses knowledge and beliefs that aid in recognizing, managing, and preventing mental disorders (Zehra, Pharma, Pant, & Chatterjee, 2022). It includes understanding mental health conditions, risk factors, and help-seeking behaviors (Jorm, 2000). Higher MHL facilitates early detection, increases help-seeking, and fosters empathy, while poor MHL discourages students from seeking support (Gulliver, Griffiths, & Christensen, 2010; Wright, Jorm, Harris, & McGorry, 2007). Research shows males tend to have lower MHL than females, facing additional barriers to accessing mental health services (Beks et al., 2018; Theurel & Witt, 2022).

Research on help-seeking behavior highlights stigma as a major barrier to accessing mental health services across different societies, cultures, and academic backgrounds (Liu, Wong, Mitts, Li, & Cheng, 2020; Li, Denson, & Dorstyn, 2018). Vogel, Wade, and Haake (2006) define stigma as the perception of being flawed due to a personal or physical characteristic deemed socially unacceptable. According them stigma fosters negative stereotypes and prejudice—such as viewing individuals with mental illness as weak, dangerous, or incompetent—leading to discrimination in workplaces, schools, healthcare, and social settings. Stigma is categorized into self-stigma and social stigma (Kim, 2021). Self-stigma occurs when individuals internalize negative beliefs, reducing their self-esteem and self-worth (Vogel et al., 2006; Kim, 2021). Social or public stigma arises from society's negative perceptions, labeling certain behaviors as inappropriate or deviant (Vogel et al., 2006; Kim, 2021). Fear of stigma is a major reason why many university students avoid seeking help, emphasizing the need for interventions that reduce stigma and encourage help-seeking behavior (Barrable et al., 2018).

Gender and prior past help-seeking experiences are strong predictors of university students' help-seeking behavior. Research indicates that female students are significantly more likely than males to seek professional mental health support (Eisenberg, Golberstein, & Gollust, 2007; Sagar-Ouriaghli, Godfrey, Graham, & Brown, 2020). Traditional masculinity norms contribute to men's reluctance to seek help (Kantar & Yalçın, 2023). Çebi and Demir (2020) found that females had more positive attitudes toward help-seeking, and prior experiences strongly predicted future willingness to seek support. Similarly, Pham et al. (2020) reported that students with past mental health service use were more likely to seek help during psychological distress.

Research has explored the relationships between gender, self-stigma, social stigma, and MHL among university students (Gibbons, Thorsteinsson, & Loi, 2015; Reavley, McCann, & Jorn, 2012; Smith & Shochet, 2011). Studies indicate that lower stigma is linked to higher MHL (Morgan, Ross, & Reavley, 2018; Schomerus et al., 2019) and increased help-seeking intentions (Kim, Yu, & Kim, 2020; Kim, 2021). Kountra et al. (2024) found that students with higher MHL held less stigmatizing attitudes and exhibited lower self-stigma when seeking professional help. Gorczynski, Sims-Schouten, and Wilson (2020) discovered, that no significant correlations were found between prior past help seeking experiences and MHL.

2. Design

This study employed a cross-sectional design and collected quantitative data from multiple universities across Slovakia.

3. Objective

This study aims to examine the relationships between gender, help-seeking experiences, self-stigma, social stigma, and MHL among Slovak university students, as well as the levels of these variables. To our knowledge, limited research has explored this topic within the Slovak university student population, especially the associations between prior past help-seeking experiences and MHL. We hypothesize that most participants will not seek help from mental health professionals and that women will be more likely than men to seek psychological support. Additionally, we expect lower self- and social stigma toward seeking professional help to be associated with higher MHL levels.

4. Methods

4.1. Sample and procedure

This study included 321 university students, comprising 205 women (63.9%) and 116 men (36.1%), with a mean age of 22.18 years (SD = 2.34, range 17.17–34.25). Participants were recruited from various Slovak universities and completed either an online survey (n = 105; 32.7%) or a paper-based survey (n = 216; 67.3%). The online survey, created using Google Forms, was distributed via Facebook university campus groups in Slovakia. The paper-based survey was administered in person at university campuses and Christian university pastoral centers. Regarding academic level, 62.3% (n = 200) were undergraduate (BA) students, 34.9% (n = 112) were in postgraduate studies (MA/P.E/Dr./other), and 2.5% (n = 8) were PhD students. One student (0.3%) did not specify their academic level. Data collection took place between October 2024 and January 2025. Participation was voluntary and anonymous, and informed consent was obtained from all participants.

4.2. Measures

Sociodemographic data collected included gender, age, academic level, region of origin, and university affiliation. To assess prior past help-seeking experiences, we used supplementary questions from *The General Help-Seeking Questionnaire* (GHSQ; Rickwood, Deane, Wilson, & Ciarrochi, 2005). Participants reported whether they had previously sought professional help for a specific problem, the number of visits, the sources of help, and the perceived effectiveness of the support received. Helpfulness was rated on a 5-point scale, ranging from 1 (extremely unhelpful) to 5 (extremely helpful).

Self-stigma for seeking treatment was assessed using *The Self-Stigma of Seeking Help Scale* (SSSHS; Vogel et al., 2006), a unidimensional 10-item scale. Responses were measured on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree), yielding a total score between 10 and 50. To reduce response bias, items 2., 4., 5., 7. and 9. were reverse-scored. Higher scores indicate greater self-stigma toward seeking help. The final self-stigma level was determined by summing all item scores. The scale demonstrates good internal consistency ($C\alpha = 0.86-0.90$).

Social (public) stigma for seeking help was assessed using *The Perceptions of Stigmatization by Others for Seeking Help Scale* (PSOSHS; Vogel, Wade, & Ascheman, 2009), a unidimensional 5-item scale. Responses were measured on a 5-point Likert scale (1 = Not at all to 5 = A great deal), yielding a total score between 5 and 25. Higher scores indicate greater perceived social stigma and stronger perceptions of stigma from others regarding psychological help-seeking. The final stigma level was determined by summing all item scores. The scale demonstrates good internal consistency (C α = 0.84–0.85).

MHL was assessed using *The Mental Health Literacy Scale* (MHLS; Lee, Hwang, Ball, Lee, & Albright, 2019), a 13-item scale measuring knowledge of various mental health aspects, including help-seeking, awareness of mental health resources and services, and willingness to seek support. Each item was rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). To reduce response bias, items 5 to 13 were reverse-scored. The total score ranged from 13 to 65, with higher scores indicating greater MHL. The final MHL level was determined by summing all item scores. The MHLS demonstrates good internal consistency ($C\alpha = 0.87$).

4.3. Statistical analyses

Data were analyzed using descriptive statistics, correlation analysis, and multiple linear regression in SPSS Statistics Version 26.

5. Results

5.1. Prior past help-seeking experiences

Our findings revealed that the majority of university students (n = 221; 68.8%) had no experience seeking help from mental health professionals (e.g., school counselors, psychologists, psychiatrists). Among the 31.2% (n = 100) who had sought professional help, the number of visits varied widely (M = 12.11, SD = 20.4, range = 0–140) and was generally perceived as helpful (M = 3.72, SD = 1.28). More female students (n = 67; 32.7%) had sought professional help compared to male students (n = 33; 28.4%). Female students (M = 14.13, SD = 24.25, range = 0–140) also reported more frequent visits than their male counterparts (M = 8.19, SD = 8.25, range = 0–30).

5.2. The associations between gender, self-stigma, social stigma, prior past help-seeking experience and MHL

Our findings indicate that university students exhibited higher levels of self-stigma (M = 23.73, SD = 7.2) and mental health literacy (MHL; M = 53.58, SD = 8.24), but lower levels of social stigma (M = 9.03, SD = 4.47). Men reported higher self-stigma levels (M = 24.35, SD = 7.42) than women (M = 23.38, SD = 7.07). Likewise, men reported higher social stigma (M = 9.92, SD = 4.65) than women (M = 8.53, SD = 4.29). Correlation analysis revealed statistically significant associations between gender and social stigma (r = .150, p < .01), gender and MHL (r = -.344, p < .05), self-stigma and social stigma (r = .375, p < .001), self-stigma and MHL (r = -.564, p < .001), and finally between self-stigma and prior past help-seeking experience (r = .167, p < .01). Multiple linear regression analysis (R² = .489, Adjusted R² = .435; F = 9.083, p < .001) showed that self-stigma (\beta = -0.422, p < .01), social stigma (\beta = -0.27, p < .05) and gender (\beta = -0.27, p < .05) were negatively associated with MHL, suggesting that lower self- and social stigma corresponded with higher MHL. Female students (M = 55.96, SD = 6.11) exhibited higher MHL level than males (M = 50.28, SD = 9.75).

6. Discussion and conclusions

Our findings support previous research indicating that university students are often reluctant to seek help from mental health professionals (Rickwood et al., 2007). Consistent with prior studies, our results confirmed that female students exhibited more favorable help-seeking attitudes than males and that both prior help-seeking experience and gender significantly predicted positive attitudes toward seeking psychological help (Çebi & Demir, 2020). As hypothesized, participants with lower levels of self- and social stigma related to seeking help from mental health professionals reported higher levels of MHL. These findings agree with earlier findings suggesting that higher levels of MHL contribute to reducing stigma for seeking help from professionals of mental health services (Morgan, Ross, & Reavley, 2018; Schomerus et al., 2019). Consistent with prior studies, we did not find the associations between prior past help-seeking experiences and MHL (Gorczynski et al., 2020).

The most significant limitation of this study was the incomplete responses to the MHL questionnaire, as more than half of the participants did not fully complete it. Despite this limitation, we proceeded with the analysis using the available completed data for the MHL variable. The findings of this study contribute to the critical investigation of help-seeking intentions and behaviors among university students (Rickwood et al., 2005; Çebi & Demir, 2020). The results could inform the implementation of targeted strategies within mental health services, counseling programs, and university counseling centers. This study underscores the importance of education and awareness campaigns designed to enhance MHL and combat stigma among university students. Ultimately, this study may contribute to better mental health treatment and support for university students.

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