

IMPACT OF PERCEIVED MENTAL HEALTH STIGMA AND HELP-SEEKING BEHAVIOR AMONG MEDICAL STUDENTS

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Abstract

The study aimed to evaluate the relationship between mental health related stigma and help-seeking behavior among medical students. A cross-sectional study design was employed and the study was conducted at Faisalabad Medical University (PMC) Faisalabad, from April to August 2025. A sample of 200 MBBS students (100 males, 100 females), aged 18–25, was recruited using convenience sampling. Participants completed a demographic questionnaire, the Stigma Scale (King et al., 2007), and the

Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH; Fischer & Farina,

1995). Cultural orientation (collectivist vs. individualist) and self-reported academic stress were also assessed along with a demographic sheet, were used to collect data. Data were analyzed using SPSS 25. The results revealed a significant and negative relationship between perceived mental health stigma and help-seeking behavior among medical students, indicating that higher levels of stigma were associated with lower tendencies to seek professional psychological help. Findings also showed a significant positive association between perceived stigma and avoidance of mental health services. Additionally, results demonstrated that help-seeking behavior was positively related to openness toward counseling. Overall, Correlation and independent t-test indicated that perceived mental health stigma significantly predicted help-seeking behavior among medical students, confirming that stigma serves as a major barrier to seeking psychological support in academic medical settings. The findings of this study indicate that perceived mental health stigma plays a critical role in shaping help-seeking behavior among medical students. Students who report higher stigma are less likely to seek professional psychological support, which places them at increased risk for untreated mental health concerns. This highlights the need for stigma-reduction initiatives and supportive mental health environments within medical institutions so that students feel safe, empowered, and encouraged to seek help when needed.

INTRODUCTION

The problem of mental health is becoming a serious issue among college students across the globe. In Pakistan, however, the subject of mental health is still relatively stigmatized, especially within the academic institutions (Deng et al., 2022). Mental health disorders are stigmatized, and as such, people fear seeking assistance because they are afraid of being

judged or discriminated. This is more common in societies where mental health is connected with the societal views of weakness or failure.

Mental health issues including stress, anxiety, and depression are not new to university students in Pakistan, considering the academic demands that students are under. Nonetheless, the stigma of these problems is one of the key impediments to the help-seeking behavior. Mental health is perceived and treated differently due to the cultural conditioning in Pakistan that is collectivistic and gender expectations, specifically those of men. Although the need to seek mental health has become more evident in today's society, students in universities tend to keep the problems to themselves instead of seeking medical assistance.

The purpose of this study is to determine the effect of perceived mental health stigma on both self-stigma and public stigma in relation to the help-seeking behavior of university students and especially, medical students in Pakistan. This study will be applicable in the context of culturally competent mental health intervention by understanding the connection between stigma and the intention to seek help.

Ajzen (1991) developed the Theory of Planned Behavior (TPB) which provides a very strong framework of comprehending the factors that determine behavioral intentions and, hence, behavior itself. TPB assumes that behavioral intentions of an individual are determined by three important variables namely the attitude towards the behavior, subjective norms and the perceived behavioral control. The theory can be used in the context of mental health to explain why people, especially students in universities will or will not get the help of a professional psychologist.

The beliefs and perceptions of an individual about the repercussions of seeking help determine the attitudes towards help-seeking behavior. The students will be more willing

to receive help, in case they see seeking mental health care as a useful and beneficial step. But when they relate help-seeking with adverse consequences, including stigmatization or ineffectiveness, then they might not seek professional assistance. A study conducted by Gulliver et al. (2010) revealed that negative perceptions of mental health care are a major factor that denies people the right to receive the required psychological treatment. When mental health is perceived as something suspicious or taken as a personal weakness, the avoidance behavior can be supported by the development of negative attitudes towards seeking professional help by students.

The second factor is the subjective norms which means the role of social pressures and perceived expectations of significant others, the family, friends and the society. Subjective norms are very important in influencing the behavior of help seeking in mental health in a collectivistic society such as Pakistan, where the family and society have a strong attachment to norms. The social stigma surrounding mental illness is also often very high in such cultures and this prevents people who are sick to seek help because of the fear of being socially rejected or disgraced. The article by Link et al. (1989) emphasizes the importance of societal stigma factors that may affect the decision-making of students significantly, since they are more likely to adhere to the social requirements of the secrecy and avoidance than seeking any mental health assistance.

Perceived behavioral control is a type of perception of the individual of their potential to seek help and the ease or difficulty of the same. Accessibility to mental health resources, accessibility to care, financial accessibility, and social support are also known to affect the perception of help-seeking by students. In Pakistan, mental health access is low (particularly in rural or smaller universities), and this challenge may be compounded. Eisenberg et al. (2009) established that the willingness of the students to obtain mental

health care greatly depended on their perception regarding the availability of professional assistance and its affordability and cultural acceptability. In such a way, the students in Pakistan, who are likely to have already experienced a serious cultural barrier, may also find the idea of seeking professional assistance complicated and inaccessible.

In general, the Theory of Planned Behavior is a useful framework that can be used to understand the joint impact of attitudes, subjective norms, and perceived behavioral control to explain the intention of university students to access mental health care. Through analysis of these factors, the study will be able to shine some light on the impact of cultural and societal factors on students in Pakistan to seek professional psychological assistance.

The Modified Labeling Theory that was introduced by Link et al. (1989) is centered on the stigmatization process and the way in which the labeling of a mentally ill person can result in social exclusion and internalized stigma. This theory postulates that individuals do not seek help because they are not attracted by the stigma attached to mental illnesses since this is accompanied by unwanted social repercussions. The avoidance, in its turn, may worsen the mental state of the individual and result in the loop of social isolation and self-stigmatization. This theory is especially applicable in the setting of university students in Pakistan since it helps to understand the social factors that affect the help-seeking behavior.

The distinction between social stigmatization and self-stigmatization is one of the key elements of the Modified Labeling Theory. Public stigma is the adverse social attitude towards people with mental health, which can be also linked to the stereotypes of weakness, danger, and inability. In Pakistan, mental health is perceived as individual failure or weakness of moral kind and that is greatly culturally, religiously inclined. According to

Suhail (2005), mental conditions in Pakistan are considered in the context of religious beliefs where some individuals blame issues of mental health to punishment by God or spiritual frailty. These attitudes make the stigma even more severe and do not encourage people to refer to help because they are afraid of being rejected by the society and of disgracing their families.

Self-stigma is the internalization of these negative social perceptions where the individuals start having a sense of unworthiness or inadequacy because of mental health problems. This is an internalized stigma which results in avoidance of treatment and help-seeking. Studies have indicated that the self-stigmatized people would find it harder to seek help over matters regarding mental health since they would be perceived as weak or incompetent (Corrigan, 2004). This is enhanced in Pakistan by the fact that the society is collectivistic and thus, the actions of a person reflect to their family as a whole. One of the most important factors in preserving silence about mental health issues is the public shame and honor of the family that further makes students unwilling to get professional help.

In addition to this, the Modified Labeling Theory is more focused on the social repercussions of labeling someone as mentally ill. In Pakistan, students of universities are afraid of being stigmatized or marginalized because of mental health problems, which is why they do not want to discuss their plight or seek assistance. Pakistan has a collective family-oriented culture and therefore, the idea of seeking help with mental health problems is perceived as an individual failure, which makes people look bad on the whole family. This social process, as per Hussain et al. (2021) who discovered that Pakistani students are extremely hesitant to obtain mental health services because of the social stigma associated with it, such as loss of family status.

Rabbani et al - 2026

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Overall, the Modified Labeling Theory plays a vital role in the context of why Pakistani university students do not want to seek the services of a professional psychologist regarding mental health problems despite facing a high level of stigma in society. It highlights the significance of cultural and social aspects of the help seeking behavior and the necessity of culturally sensitive intervention to eliminate stigma and promote mental health assistance.

Although TPB and Modified Labeling Theory provide a comprehensive way of thinking about mental health stigma, Bandura had his own social cognitive theory of learning behavior by watching and being reinforced (Social Cognitive Theory 1986). According to this theory, people acquire behaviors due to social interaction and modeling and in this case, it is in relation to mental health. One of the fundamental elements of the Social Cognitive Theory is self-efficacy which is defined as the belief held by an individual in his or her capacity to perform actions that are necessary to accomplish a given goal. When it comes to mental health, the absence of self-efficacy can lead to the students desiring to help themselves because they will feel inadequate to handle their mental health problems or because they will not think that the intervention of a professional will be effective.

Role models such as the family members and the society leaders can also play a significant role in influencing an individual to seek help in collectivist societies such as Pakistan. When people see their relatives or friends who do not seek mental health care because of the stigma, they tend to develop the same behavior of avoidance. Another social cognitive theory that emphasizes the use of vicarious learning is the fact that people learn through the experiences and consequences of other people and their actions. Among Pakistani society, where mental health problems are hardly ever spoken about, students might not

have many positive role models of help-seeking behavior which will strengthen the stigma and warning about the pursuit of professional help.

We shall move on to the next section of the Literature Review on Mental Health Stigma. We will build the Mental Health Stigma section defining it, its types, and the influence of the cultural aspects in Pakistan.

Mental Health Stigma

Mental health stigma is a complex phenomenon that cuts across the world, particularly in societies that do not understand or portray mental health problems in a proper manner. Stigma may be divided into two broad groups, namely, self-stigma and public stigma which, to a great extent, affect the readiness of individuals to receive help. This part shall bring out a comprehensive understanding of the essence of mental health stigma, especially in the Pakistani society.

- **Stigma: The meaning and classification**

Stigma can be defined as the social rejection or discrimination of the individuals due to the characteristics or behaviors that they are seen to be unwanted. However, the particular type of mental health stigma includes negative attitudes, beliefs, and judgments of the people experiencing mental health conditions. Corrigan (2004) states that there are two broad categories of stigma namely self-stigma and public stigma.

- **Self-Stigma**

It is the kind of stigma that happens when the person takes on the societal views of mental illness that are negated. Individuals with self-stigma can feel embarrassed or incompetent because of their mental health problems, which makes them isolated and

powerless. This stigma can be internalized leading to one avoiding seeking help because one is afraid of being judged or branded as mentally ill. Self-stigma may become a major obstacle to getting psychological help in the Pakistani environment where mental health problems are commonly linked to signs of weakness or failure. Gulliver et al. (2010) discovered that persons that have higher self-stigma tend to less likely receive mental health care since they do not believe that they deserve or cannot receive help.

- **Public Stigma**

Public stigma is a concept that entails the negative views and bias that the society has towards mentally ill people. The stigma is usually based on the stereotypes that people with mental health issues are dangerous, unpredictable, or incapable. In Pakistan, cultural and religious beliefs form the most fundamental origins of public stigmatization of mental health whereby mental illnesses are viewed as a lack of moral faith or even God punishing someone (Patel et al., 2007). Such social perception causes social rejections and discrimination of those individuals who share the struggles with mental health resulting in the inability to obtain help.

Both self-stigma and public stigma help in not seeking help especially among the university students who are in a crucial stage in their lives. The stigma about being considered mentally ill and the social stigma that goes with this such as ostracization or shame may make the student unwilling to seek the psychological support he or she needs. Religion and family affect the perceptions of mental health of people in the Pakistani society. Family honor is a very important part of the Pakistani culture and the fear of disgrace to the family due to admitting that one has a mental problem is an effective deterrent to seeking assistance. As noted by Suhail (2005), mental health issues are in

general considered as manifestations of personal incompetencies or moral shortcomings in the family, so people rarely express themselves or seek assistance over their predicaments.

In Pakistan, religion is also a key factor influencing the attitude towards mental health. The spiritual or moral frailty is known to be the cause of mental health conditions, which prompts people to shun professional assistance in favor of spiritual or religious solutions. Patel et al. (2007) give an insight on how religiosity affects the perception of the mental health and most people in Pakistan resort to prayer, fasting or spiritual counselling instead of psychological counselling. Such a mental health problem dependence on religious practices though culturally important usually denies people the opportunity to access evidence-based mental health care.

The family stress coupled with religious orientation forms a robust cultural system in which professional mental health services are not sought. Rather, people usually hide their ordeals with mental health or they are trying to work out their mental issues on their own, which consequently adds to stigmatization and the silence of mental health in the Pakistani society.

Universities, being little communities, mirror larger cultural and societal conventions, such as mindset toward mental health. Pakistani students studying in universities are under intense academic stress, with the resulting effect of mental health strain in the form of stress, anxiety and depression. But these problems are usually brushed off or neglected by the fact that there is a stigma on mental illness. The authors state that mental health problems are common in university students in Pakistan, but only 15 percent of them use professional care, which is mainly because of stigma (Naqvi et al., 2020). This unwillingness

to consult the help is being reinforced by the fear of being socially rejected or judged by colleagues and faculty members.

At school, a student might not wish to talk about his mental health challenges because he/she is afraid that it will impact their grades or social status. The research conducted by Hussein et al. (2021) also revealed that Pakistani university students tend to seek informal sources of support, including support of family members or close friends instead of professional mental health care. Although this informal support network is essential, it may lead to further misconceptions about mental health and postponement of the correct action.

Furthermore, the Pakistani universities usually do not have sufficient mental health sources, which once again complicates the situation of seeking professional assistance among students. Eisenberg et al. (2009) discovered that those universities that have properly developed mental health services are more likely to have increased incidences of students who seek psychological assistance. But in a country like Pakistan, where these services are not well-funded or even non-existent, students can have the impression that that professional assistance is not an option.

Gender norms do play a huge role in determining the perception and reaction of mental health issues in Pakistan. Male gender in particular is challenged by special problems when it comes to seeking assistance with mental health issues by virtue of traditional masculinity that puts strain on emotional resilience and independence. Addis (2008) explains that men tend to be stubborn when seeking assistance when they have any mental health related problems as they feel it is a sign of weakness or vulnerability. This opinion is especially robust in the Pakistani society where masculinity is related to hardness, coldness, and being able to cope with personal issues without any outside help.

Pakistanis may believe that a man who visits a mental health center will lose social status as well as the conventional perception of masculinity. Consequently, they might assimilate their struggles or resort to negative coping styles, including drug abuse or school dropout instead of consulting a professional. According to Suhail (2005), Pakistani men usually consider a mental problem as a sign of weakness, which only increases the stigma of the situation that discourages the attitude of seeking help.

On the contrary, Pakistan may have a twofold stigma against women in the country, which struggle with mental health as well as break the cultural standards and traditions requiring them to be strong and emotionally tough. The socially isolated women who seek mental health care are perceived as being weak, irrational or unstable and this may result in more social isolation. Hussain et al. (2021) have discovered that women tend more to feel rejected or judged in case of disclosing of mental health problems, which further complicates their process of seeking help. Moreover, social norms that require women to stay family-centered and house-centered rather than focus primarily on their health can also be seen as the reason women do not get access to the mental health care they require. The stigma of mental health is a major obstacle of help-seeking behavior amongst Pakistani university students. Social exclusion, internalized shame, and unwillingness to use professional help come as the result of self-stigma and public stigma. The continuation of stigma is due to the cultural and religious beliefs, especially the beliefs about family honor and religious views of mental illness. Also, the absence of mental health facilities at the university level and gender-related expectations discourages students to seek care they require. To counter the same, the culturally sensitive interventions aimed at decreasing the stigma and promoting mental health awareness are critical in enhancing help-seeking behavior in Pakistani students.

REVIEW OF LITERATURE

In the present research, the basic framework is clearly defined and systematically operationalized. Perceived mental health stigma is conceptualized as the Independent Variable (IV), while help-seeking behavior is treated as the Dependent Variable (DV) among medical students. Medical studies/ training is associated with high academic pressure, emotional demands, and exposure to distressing clinical situations, which place students at increased risk of mental health difficulties such as stress, anxiety, and depression (Dyrbye et al., 2014). Despite the high prevalence of psychological distress, many medical students avoid seeking professional psychological help.

This reluctance is largely attributed to perceived mental health stigma, which includes both self-stigma and public stigma. Stigmatizing beliefs often lead students to internalize feelings of shame, weakness, and fear of negative evaluation, thereby discouraging disclosure and professional help-seeking (Corrigan, 2004; Vogel et al., 2007). In collectivistic societies such as Pakistan, stigma is further intensified by cultural norms emphasizing family honor and social reputation, resulting in increased concealment of mental health problems and reduced utilization of mental health services (Suhail, 2005; Naqvi et al., 2020).

Help-seeking behavior is therefore not only influenced by individual attitudes but is also shaped by broader social and cultural expectations. Prior research consistently demonstrates that higher levels of perceived stigma are significantly associated with more negative attitudes toward seeking professional psychological help (Gulliver et al., 2010; Eisenberg et al., 2009). Understanding this relationship is essential for identifying barriers to mental health service utilization and for developing culturally sensitive interventions

aimed at reducing stigma and promoting psychological well-being among medical students.

The problem of mental health stigma is a major obstacle to the use of psychological assistance, especially in societies where mental aspects are not well comprehended or are distorted. Stigma is normally divided into self stigma and social stigma. Self-stigma occurs when one absorbs negative beliefs or attitudes of the society towards mental health and starts experiencing shame or not worthiness because of his/her condition. This internal stigma may stand in the way of seeking professional assistance since the individuals are afraid of being judged or labeled negatively as being mentally ill (Corrigan, 2004). Conversely, social stigma can be defined as the negative attitudes and prejudices the society holds towards individuals with mental health problems like the belief that they are dangerous, irrational and weak (Link et al., 1989). Both types of stigma have a great impact on getting a helping behavior since people are afraid of being rejected and discriminated by others.

Mental health stigma is also a strong phenomenon in Pakistan, which is dictated by strong cultural and religious values. Mental illnesses are perceived in terms of moral weaknesses or spiritual incompetence and this increases stigmatization and discourages patients to get professional assistance (Patel et al., 2007). Suhail (2005) indicates that mental health problems in Pakistan are considered as a shame to both the personal and the family. In Pakistani culture, family honor is a vital part, and the struggle with mental health is viewed as a lack of coping with personal and family problems, which contributes to the taboo of mental health discussion (Hussain et al., 2021).

Self-stigma is reinforcing and cyclical with regard to the public stigma. People who hold the social perspectives of mental illness as personal frailty tend to seek help less because

they are afraid of the social costs associated with the label of being mentally ill. Paul et al. (2018) argue that self-stigma makes people avoid interacting with others, which only puts a strain on the adverse mental health outcomes of the latter. It is a perpetual cycle of avoidance, which is supported by self- and public stigma making it more challenging to get the support that students require. These stigmatizing attitudes may cause social exclusion and avoidance of seeking professional help in a collectivist society such as Pakistan where reputation of the family and the society is the most important (Eisenberg et al., 2009).

The cultural norms and religious beliefs also influence creating mental health-related stigma in Pakistan. The mental conditions are viewed either as an individual own failure or even as a consequence of spiritual weakness where some even regard them as a punishment to God (Patel et al., 2007). Such cultural beliefs exacerbate the stigma surrounding the process of receiving mental health care since people may believe that visiting a mental health practitioner means that they lack faith or spiritual strength. According to Suhail (2005), mental illnesses are perceived as a secret issue and asking assistance is regarded as a sign of failure that may reflect bad reputation onto the family. Therefore, the stigma of mental health in Pakistan does not only impact an individual but it also influences his social relations particularly with his family members.

Help seeking behavior is the process through which individuals make decisions of obtaining support whenever they are experiencing psychological distress. Research has revealed that stigma is one of the significant obstacles to help-seeking especially in collectivist cultures such as Pakistan where mental health problems are usually belittled or neglected (Naqvi et al., 2020). The young people in the university are one group of people who are especially susceptible to mental illnesses because of the stress that comes

along with their academic and social pressures. These are stress, anxiety and depression which are prevalent among students. Nevertheless, even though the rate of the occurrence of mental health problems is high, professional psychological assistance is an infrequent phenomenon among university students in Pakistan.

The fear of stigmatization is one of the major causes of resistance to seeking help. Eisenberg et al. (2009) established that students tend to seek help when they believe that mental health services are available, affordable and socially acceptable. In Pakistan, the limitation is an enormous challenge of the mental health services, particularly in smaller universities or rural region. In cases where such services are available, most students opt to have informal assistance of family members and friends instead of using the services of professional psychologists. According to Hussain et al. (2021), this reluctance is based on the cultural view of mental health as a family issue, which should not be discussed by strangers.

Accessibility of mental health facilities is a very critical determinant to help-seeking behavior. There is either minimal or no funding of mental health services in most Pakistani universities. The absence of professional support makes the students find an informal source of support that in most cases lacks the knowledge to offer effective assistance. It is also the continuation of the false beliefs related to mental health, and in this way, students find it hard to accept seeking professional help as something possible (Gulliver et al., 2010).

Besides availability, personal attitudes towards help-seeking are also important to influence decisions concerning the decision to seek professional help. Students who have positive perceptions of mental health care have a higher tendency to seek help when they are faced with mental health issues. Nevertheless, students that would relate mental

health issues with shame or a sign of weakness will less tend to seek professional help (Eisenberg et al., 2009). Mental health care in Pakistan is perceived as a failure and the fear of being branded as a mentally sick or weak person may prevent the students of seeking help. In other instances active avoidance of help-seeking behavior may be observed among the students who think that their own failure will be revealed (Patel et al., 2007).

Gender norms and expectations aggravate the unwillingness to seek help. The masculine norms in most societies such as Pakistan require men to be independent, strong emotionally and able to deal with personal issues without the help of others (Addis, 2008). As a result, men tend to be less inclined to consult a professional in case of mental health problems as it impacts their masculinity. According to Pakistani culture, mental health problems are regarded as a weakness among men, and this fact may cause them to really refuse to seek assistance. Pakistani men can be silent victims, who are not encouraged to talk about their mental health problems because of the fear of being socially rejected as Suhail (2005) explains.

Conversely, the Pakistani women experience another line of problems in the pursuit of mental health care. Women can be more empowered to seek help than men, but they can experience two levels of stigmatization; one related to their mental health issues and the other one tied to their failure to be culturally expected to be emotionally resilient and strong (Hussain et al., 2021). Seeking help may be interpreted as a sign of instability and irrationality by women who seek help, which strengthens negative stereotypes regarding mental health. Women living in the patriarchal Pakistani society are supposed to consider family commitments and emotional well-being over the mental health of their minds, and this in most cases restricts their capabilities to seek any assistance necessary (Suhail, 2005).

This two-fold stigma further complicates the situation where women can seek professional help.

Furthermore, the culture in the society tends to favor the interests of others, especially the family, before the individual. This is especially the case in Pakistan, where people believe that it is their duty to preserve the reputation and the honor of the family. Mental health problems are also a condition that can be considered a sign of my personal failure, and seeking help on it can be viewed as shameful to the whole family. Because of this, students tend to hide the fact that they are experiencing mental health challenges instead of dealing with the consequences of visiting a professional help (Hussain et al., 2021).

Mental health stigma in Pakistan is not only defined by personal attitudes but mostly affected by gender norms and cultural beliefs, which tend to limit the readiness of people and particularly, students to seek assistance over psychological problems. The cultural background of Pakistan, being a collectivistic society whose people have strong family oriented values, is very relevant in shaping the perception of mental health problems and therefore how people and specifically the men and women react towards such problems. Gender expectations, in addition to the cultural expectations, influence attitudes related to help-seeking behavior, which in most cases makes one avoid professional assistance because of societal pressure.

Studies have always revealed that gender norms play an important role in perceiving mental health problems in Pakistan, as both men and women have dissimilar yet equally hard problems with the recognition of mental health struggles and address to professional help. Male gender is not eager to seek mental health assistance especially because the society dictates what masculinity is and is not based on strict boundaries. The culture of Pakistani is usually linked to the idea of being strong, having control, and being

able to resolve personal problems independently (Suhail, 2005). According to Addis (2008), men will be less inclined to seek mental health assistance due to perceived attack on their masculinities since seeking help is perceived to be an indication of lack of emotional and self-sufficiency, contrary to culture.

The belief is more common in the rural setting where the traditional gender norm is more entrenched and where the belief that people are weak by seeking help is more prevalent (Suhail, 2005). To most men, the issue of mental health is not only a weakness but a failure on social front that can cause the family a bad reputation. Thus, in Pakistan, men tend to keep their mental health problems hidden or opt for poor coping strategies, i.e., substance abuse or lack of academic engagement, instead of consulting a professional (Hussain et al., 2021). This unwillingness to admit mental health difficulties and seek assistance is one of the reasons that propagate mental health stigma and support the idea that the sense of vulnerability and masculinity cannot go hand in hand.

However, the same cannot be said about women in Pakistan who encounter another group of challenges when it comes to the help-seeking behavior. Even though women may enjoy more freedom in society to enact their mental health challenges than men, they still face a lot of societal stigma in case they use professional assistance. Gendered expectations and mental health stigma are two aspects where women in Pakistan are burdened. Although they can be more willing to be vocal about their distress, they are judged by society as unstable or irrational in case they require psychological assistance (Hussain et al., 2021). This dual stigma, which features not only mental health fights but also breaking gender roles, is a strong discouraging influence on professional mental health.

In Pakistan, females are supposed to have family and household duties above their own welfare which puts more strain on them to access mental health services. According to Suhail (2005), cultural expectations of women as self-sacrificers in the family may result in repressed emotions and neglect of oneself because women may tend to conceal their personal emotions to keep the family in peace. Women can therefore not pursue mental health services due to the fear of being considered weak or irresponsible which further fuels silence of mental conditions within the family.

Other than gender, Pakistan has a strong attitude toward mental health because of cultural beliefs. Pakistan being a collectivist society, family honor and the social reputation are highly valued and associated with the perceptions of mental health. Family failure or individual inefficiency Mental health struggles are frequently perceived as a cultural expression of failure by the family or personal ineptitude, which increases the stigma. Patel et al. (2007) point out that mental health problems in Pakistan are often related to spiritual or moral frailty and thus, cause people to resort to religious or spiritual solutions and not using professional assistance. An example is the mental illness which is regarded by many Pakistani individuals as a result of a deficient faith or moral sin therefore they would not seek medical care instead they would choose to use religious means like prayer or fasting or spiritual guidance.

One of the major aspects of the cultural stigma of mental health in Pakistan is the notion that the mental health problems portray the family in a poor light. According to the Pakistani society, the social identity of a person revolves around the family and the issue of mental health is not freely discussed to avoid tarnishing the family name. Hussain et al. (2021) note that such pressure on society causes people either to cover up their plight or to refuse to use professional mental health services to ensure that the stigma does not

extend to a family. The cultural construct leads to the establishing of a culture in which mental health problems are stigmatized and suppressed, and professional assistance is considered an unpleasant final option.

The Pakistani university students, especially more conservative or rural students, are very likely to see their mental illness problems as their own failures or family disgraces in this context. Therefore, they might not readily want to see mental health professionals because they believe that they will be left with shame towards themselves or their families. This cultural stigma is further increased by the fact that there is no availability of accessible and culturally sensitive mental health services to students in their universities, hence even further demoralizing students to seek the assistance they require.

The gender and cultural beliefs in Pakistan intersect to produce a complicated web of stigma to influence the reaction of university students towards mental health issues. More specifically, men and women have various stigmas that are mostly determined by social norms and family requirements. In the case of men, the stigma of mental health is closely intertwined with the fear of being perceived as weak or unproductive, whereas the stigma of mental health in females is further complicated by the inability to reconcile the mental health requirements and family obligations.

Besides, the cultural environment of Pakistan, in which mental health problems are considered through the prism of the family honor and spiritual frailty, also makes the behavior of help-seeking more complicated. Students can be afraid of social repercussions of the revelation of their mental health challenges, including rejection by their colleagues, judgment of the faculty, and disgrace that might be brought about by their families. This supports the rationale behind culturally sensitive interventions that will

be able to meet these special challenges and help a healthier attitude towards mental well-being in universities.

It has implications to the behavior of seek help by Pakistani university students with far-reaching consequences on the impact of gender norms and cultural beliefs. The stigmatization position based on gender, as well as on the cultural assumptions of family reputation and emotional stability, largely prevent students of professional psychological help. Mental health interventions in Pakistan need to be culturally sensitive and gender-sensitive to decrease the stigma and promote the behavior of seeking help. Mental health literacy programs, family engagement, and gender sensitivity in mental health care may assist in creating awareness about mental illness and empowering the students to seek help without fear of being judged.

The normalization of mental health struggles and stigma reduction, which is peer-led mental health awareness, can be viewed as one of those initiatives. Through the use of people who have experienced mental health issues in their lives, such programs can establish a safe and non-judgemental environment that the students can express themselves without feeling that they are being judged by others. Moreover, the mental health literacy initiatives, which inform students of the symptoms of mental disease, treatment methods, and need of treatment should be considered to change the attitude of the population and eliminate the cultural stigma on mental illness in Pakistan.

Hypothesis

1. Perceived mental health stigma (self-stigma and public stigma) will have a significant association with help-seeking behavior among university students.

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2. Conventional masculine ideals (e.g., beliefs that men should cope with problems independently) will be significantly associated with higher perceived stigma and lower intentions to seek professional psychological help among male students.
 3. Students living in collectivist cultures will report higher levels of perceived stigma and lower intentions to seek help compared to students living in individualistic cultures.
 4. The negative relationship between perceived stigma and help-seeking intentions will be significantly reduced among students with higher levels of mental health literacy.
 5. Peer-delivered anti-stigma interventions led by individuals with lived experience will be associated with reduced stigma and improved help-seeking intentions among students.

RESEARCH METHODOLOGY

Participants

This cross sectional study was carried out in Faisalabad Medical University, Faisalabad. The study is approved by the Ethical Review Committee of Faisalabad Medical University and informed consent was obtained from all the participants. Data was analyzed using SPSS 25. The sample size used was 200 medical students (100 female, 100 male), ranging in age from 18 to 25 (M = 26.32, SD = 2.86).

Instruments

Demographics

Demographic variables such as age, gender, marital status, monthly income, current position, years of experience, and on-call frequency were collected.

Perceived Mental Health Stigma Scale:

Mental health stigma was measured based on the Stigma Scale developed by King et al. (2007). The test has 28 questions which are aimed at determining how people perceive the stigma of having mental health issues. Answers will be measured using a 5-point Likert scale, as strongly disagree, strongly agree, strongly agree, agree, disagree, strongly disagree.

The scale includes the four following subscales as initially suggested by the authors:

Discrimination Experiences (9 items):

Measures felt unjustly treated and discriminated on the basis of mental health issues.

Disclosure Concerns (7 items):

Evaluates anxieties and concerns regarding the disclosure of mental health to other people.

Positive Aspects (6 items; reverse scored):

Assesses individual perceived development or even successful effects on mental health.

Social Distance (6 items):

Perceives social rejection and alienation by other people.

The general internal consistency of the scale was satisfactory in the current research (0.84).

Subscale reliabilities were also satisfactory: Discrimination Experiences ($\alpha = .82$), Disclosure Concerns ($\alpha = .79$), Positive Aspects ($\alpha = .71$) and Social Distance ($\alpha = .76$).

The Attitudes Towards Seeking Professional Psychological Help Scale -Short Form (ATSPHH-SF):

The Attitudes Toward Seeking Professional Psychological Help Scale - Short Form (ATSPHH-SF) was used to measure the help-seeking behavior. This scale has 10 items that

determine the attitude of individuals to seeking psychological services to emotional or mental health issues. The rating of items is done on a Likert scale of 4 points, where the lowest scores are disagree and the higher the score the more positive an indicator that the person has towards professional help-seeking.

The ATSPPH-SF has been shown to have good psychometric properties in past studies. The scale was found to be sufficiently internally consistent (.78).

Statistical Analysis:

The analysis of data was preceded by screening the data to identify missing values, normality, and outliers. Demographic variables and study scales were analyzed by the means, standard deviations, frequencies, and percentages as descriptive statistics. Pearson correlation analysis was used to investigate the relations between perceived mental health stigma and help seeking behavior. The independent samples t-tests were applied to evaluate group differences according to gender and family system. Every analysis was performed based on a 95 percent confidence interval, and $p < .05$ was considered to be statistically significant.

RESULTS

Table 1: Basic Demographics

Variable	Category	f	%
Gender	Male	100	50
	Female	100	50
Age (Years)	18-20	68	34
	21-23	92	46

Rabbani et al - 2026

3007-2387

3007-2379

DOI: <http://doi.org/10.5281/zenodo.19706882>

		40	20
	24-25		
Field of Study	MBBS	118	59
	Allied Health Sciences (AHS)	82	41
Education Level	Bachelor (ongoing)	146	73
	Masters (ongoing)	54	27
Type of University	Public	200	100
	Private		0
Family Type	Joint	150	75
	Nuclear	50	25
Residence Urban			121
		121	60.5
	Rural		79.5
			39.5

Note: f = frequency, % = Percentage

The sample size was 200 medical students, which is distributed by gender half of them were males and the other half (5 were females(50%Male,50%Female).The sample was predominantly young adults with the majority of the participants being 21-23 years of age (46%), then 18-20 years (34%). Most of them were pursuing MBBS courses (59 %) with the rest of the students being enrolled under Allied Health Sciences (41%). The majority of the respondents were undergraduate students (73%), and fewer were in their master courses (27%). The respondents were all in the public sector universities. On the aspect of family structure, three-quarters of the subjects were in joint families (75%), and a quarter was in nuclear families (25%). A little bit higher than a half of the students lived in cities (60.5%), the rest were rural (39.5%). All in all, the demographic is representative of a well-balanced gender and largely undergraduate and medical student population with a

public-sector, which is appropriate in studying the perceived mental health stigma and help-seeking behavior.

Table 2: Descriptive Statistics and Reliability Analysis (N=200)

Scale & Subscales	K	M	SD	Min	Max	α	Skewness
Perceived Mental Health Stigma	28	3.61	0.74	1.82	4.86	.84	-0.21
Discrimination Experiences	9	3.58	0.81	1.67	4.89	.82	-0.18
Disclosure Concerns	7	3.74	0.77	2.00	5.00	.79	-0.24
Positive Aspects (Reverse Scored)	6	3.12	0.69	1.83	4.67	.71	-0.09
Social Distances	6	3.99	0.73	2.33	5.00	.76	-0.31
Help Seeking Behavior	10	2.41	0.52	1.20	3.60	.78	-0.14

Note: K=number of items; α =Cronbach's alpha; M=mean; SD=standard deviation

Table 2 shows descriptive statistics and reliability of study variables. General perceived mental health stigma demonstrated a medium value of mean (M = 3.61, SD = 0.74) but good internal consistency (a =.84). The highest mean was recorded in social distance (M = 3.99, SD = 0.73), showing that social distance was the most unwanted with persons having mental health problems. The mean of disclosure concerns was also rather high (M = 3.74, SD = 0.77), which indicates the fear of disclosing mental health problems. Discrimination experiences showed a medium level (M = 3.58, SD = 0.81), whereas positive (reverse coded) showed rather low level of stigma endorsement (M = 3.12, SD = 0.69). The mean score of help seeking behavior (M = 2.41, SD = 0.52) was not very high, which means that participants were not very willing to use professional psychological assistance. The reliability coefficients (α =.71–.84) were satisfactory in all scales. The values of skew fell between -0.31 and -0.09 or so which indicated that the data were quite normally distributed.

Table 3: Correlation Analysis

Variable	1	2	3	4	5	6
1. Perceived Mental Health Stigma	–					
2. Public Stigma	.82**	–				
3. Self Stigma	.79**	.61**	–			
4. Positive Aspects	-.34**	-.29**	-.31**	–		

Rabbani et al - 2026

3007-2387

3007-2379

DOI: <http://doi.org/10.5281/zenodo.19706882>

5.Social Distances	.76**	.58**	.63**	-.27**	-	
6.Help Seeking Behavior	-.42**	-.36**	-.39**	.28**	-.41**	-

Note: *P<.05, **P<.01 , ***P<0.001 (two-tailed)

Table 3 shows Pearson correlation analysis showed that there were strong correlations the study variables. Perceived mental health stigma had a positive relationship with the public and self-stigma (r = .82, p <.01, respectively) and a negative relationship with the positive aspects (r = -.34, p <.01) and the behavior to seek help (r = -.42, p <.01). On the same note, help-seeking behavior had negative relations with public or personal stigmas (r = -.36 and r = -.39, p <.01, respectively). The positive aspects had a positive relationship with the help-seeking behavior (r = .28, p <.01) and social distance was negatively related to the help seeking behavior (r = -.41, p <.01). The findings indicate that the intention to seek professional help is associated with less stigma in medical students, and high perceptions prompt

Table 4

Mean, Standard Deviations, and t-Value for Gender among study Variables (N=200)

Scales	Male (n=100)		Female (n=100)		t (200)	95%CI		Cohen's d
	M	SD	M	SD		LL	UL	
ATSPPH	15.47	5.51	16.77	5.51	-1.61	-2.91	0.30	0.25
TSS	61.73	7.55	68.86	11.71	-3.45	-11.3	-3.01	0.73

Note: *P<0.05, **P<0.01, ***P<0.001, Attitude Toward Professional Psychological Help Seeking Scale, The Stigma Scale

Table 4 shows Independent samples t-tests were conducted to examine gender differences in perceived mental health stigma and attitudes toward seeking professional psychological help among medical students (N = 200). Results indicated that there was no significant gender difference in attitudes toward seeking professional help, $t(198) = -1.61$, $p = .11$, suggesting that male students has less attitudes toward help-seeking comparable to female students-

In contrast, a significant gender difference was observed for perceived mental health stigma. Male students reported significantly higher levels of stigma compared to female students, $t(72.12) = -3.45$, $p < .001$, with a large effect size (Cohen’s $d = 0.73$). The 95% confidence interval did not include zero, further supporting the robustness of this difference.

Table 5
Mean, Standard Deviations, and t-Value for Family Type among study Variables (N=200)

Scales	Joint Family (n=150)		Nuclear Family (n=50)		t (198)	95%CI		Cohen’s d
	M	SD	M	SD		LL	UL	
ATSPPH	16.50	5.20	14.95	4.85	2.05	0.08	3.12	0.30
TSS	63.50	9.80	66.20	10.15	-2.12	-4.72	-0.21	0.31

Note: *P<0.05, **P<0.01, ***P<0.001, Attitude Toward Professional Psychological Help Seeking Scale, The Stigma Scale

In Table 5 shows dependent-samples t-tests were conducted to examine differences in attitude toward seeking professional psychological help and perceived mental health stigma across family type (joint vs. nuclear). The results indicated a significant difference in help-seeking attitudes, with students from nuclear family systems reporting more favorable attitudes toward seeking professional psychological help than those from

nuclear families, $t(198) = 2.05$, $p < .05$, reflecting a small effect size (Cohen's $d = 0.30$). In contrast, students from joint families reported significantly higher perceived mental health stigma compared to those from nuclear families, $t(198) = -2.12$, $p < .05$, also with a small effect size (Cohen's $d = 0.31$). These findings suggest that family structure plays a meaningful role in shaping both stigma perceptions and help-seeking attitudes among medical students, consistent with the collectivistic cultural context emphasized in the study.

Discussion

The main objective of the study was to examine how mental health stigma (self-stigma and community stigma) and gender affects university students in their help-seeking behavior. The findings of the descriptive statistics, reliability test, correlation test and regression analysis be helpful to understand the correlation between stigma and the willingness of students to obtain professional psychological assistance.

A correlation that was observed to be most important to this study was the negative relationship that exists between the self-stigma and the help seeking behavior ($r = -0.42$, $p < 0.01$). This indicates that the more the students feel stigmatized, the less they will seek professional assistance to their mental problems. This finding is similar to the current research findings, which have continually shown that persons who internalize negative images of mental illness have reduced chances to seek support (Corrigan, 2004; Gulliver et al., 2010). Self-stigma is a kind of internalized prejudice in society, when a person internalizes negative attitude and stereotyping of mental illness. This internalization in most cases comes in the form of shame, guilt and a fear of being judged and thus people end up not seeking help.

The negative relationship that existed between stigma on self and help-seeking behavior indicates the importance of stigma as a challenge to mental health treatment. Self-stigma is a resultant effect where those affected feel that seeking help as a result of mental health problems is an act of personal deficiency or moral ineptitude. This applies especially to the case of Pakistani university students where mental health is still viewed as a taboo, associated with a sense of weakness and failure. Students could also absorb such cultural attitudes thus resulting in unwillingness to obtain professional psychological assistance. This is in accordance to the works of Corrigan (2004) which revealed that self-stigma contributes to people refusing to seek help out of fear of being considered as mentally ill or weak.

In addition, self-stigma does not have a positive impact on self-esteem of people and leads to exacerbation of mental health problems (Gulliver et al., 2010). Internalization of these societal perceptions may cause great distress, in Pakistan where family honor is paramount. Thus, self-stigma should be the focus of any intervention in mental health. Self-stigma reduction interventions may have a strong influence on the readiness to seek help, and mental health education practice is necessary to normalize mental difficulties. Universities can make the world a more open and supportive culture by facilitating the process of lowering internalized negative perceptions that students develop about mental health.

Breaking these barriers requires programs that normalize the act of seeking help and promotes the students to have an open discussion on their mental health without fear of being judged. Moreover, mental health awareness campaigns and peer support groups can help create a supportive community that will enable people to seek help without embarrassment. Students with some lived experiences in these programs can also be a

good approach to self-stigma fighting because they would have real-life examples of people who have used help and improved.

Just like self-stigma, the public stigma was also established to have negative relationships with help-seeking behavior ($r = -0.42$, $p < 0.01$). The negative views and stereotypes towards mental illness in the society are known as public stigma. Such perceptions tend to portray a mentally ill person as helpless, threatening or irresponsible. The reputation of the family and social expectations are very significant in a collectivist society such as the Pakistan and the stigma of mental health is highly contextualized among these cultures. The stigma of social rejection, lack of family honor and marginalization caused by mental health complicates the desire to seek help further.

The high correlation between the public stigmatization and the help-seeking behavior in this study brings out the influence of the society in mental health. Students who believe that the society does not favor individuals with mental health problems will not seek help. The stigma can be more destructive in Pakistan where mental illness is frequently regarded as an indicator of individual failure, or even spiritual weakness. This conclusion highlights the need to tackle the social stigma of the population by means of extensive societal actions. When the society holds on to attitudes that suggest that people with mental health issues are weak or incapable as was proposed by Link et al. (1989) it may translate to social exclusion and self-isolation thus making it more difficult to get psychological support.

The communities, policy makers and universities need to work together to minimize the adverse effects of the public stigma. The target of mental health awareness campaigns should be to dispel these stereotypes and disseminate proper information regarding mental health. Such campaigns might use the media, leadership, and mental health

practitioners to historicize mental health problems and eliminate the fear of being judged.

Also, the existence of positive media images of mental health and mental health care can transform the social perception of mental health and mental health care and establish the climate where professional help is perceived as strength instead of weakness.

Another aspect that was investigated in this study was the differences in gender in the behavior of the help-seeking and the findings indicated that help-seeking was less likely in male students than in females. Even though the relationship between gender, being a male and a female was not found to be significant the negative relationship between gender (male) and help-seeking behavior considered a trend where male students are less inclined to seek professional help than their female counterparts. This is in tandem with Addis (2008) who pointed out that in most societies such as in Pakistan, the conventional gender norms tend to equate masculinity with emotional stability, self-sufficiency and emotional restraint. Getting assistance has been seen to be a weakness particularly among men.

With in the framework of Pakistani culture, in which masculinity is closely interconnected with stoicism and emotional suppression, men might find the idea of mental health care to be something that does not fit the concept of traditional masculinity. This is especially troublesome in the society whereby emotional weakness is not encouraged among men. According to Suhail (2005), men in Pakistan are also likely to be subject to social ridicule or exclusion in the event that they are considered to be emotionally weak, and they tend to suppress their emotional distress or seek any psychological help. The discovery is in line with the literature available that describes gendered stigma in mental health (Addis, 2008).

The differences in genders of this study indicate the necessity of specific interventions to overcome unique barriers to the help-seeking behavior of male students. Mental health programs ought to aim at undermining gender conventions and encouraging the expression of emotions amongst male students. By providing support groups of men to share their mental health issues freely without feeling judged, the stigma around mental health would be considerably lowered and the attitude towards seeking help would be established.

Discrimination and Mental Health Discrimination against individuals with mental health conditions is a significant issue that has drawn attention because of its harmful impact on individuals with mental illnesses. Discrimination and Mental Health Discrimination against mentally ill individuals is a major topic that has attracted attention due to its detrimental effect on mentally ill people. Discrimination against individuals with mental health conditions is a significant issue that has drawn attention because of its harmful impact on individuals with mental illnesses. Discrimination and Mental Health Discrimination against mentally ill individuals is a major topic that has attracted attention due to its detrimental effect on mentally ill people.

Another important theme in this research was the sense of discrimination as a significant proportion of the students said that they have been discriminated based on their educational background, employers and even authorities including the police. The means score of the item I have been discriminated against in education because of my mental health issues (3.4286) shows that a significant number of students believe like they have been discriminated against in school due to their mental illnesses. Such perceived discrimination does not only exacerbate self-stigma, but it can also cause more psychological distress.

Discrimination, whether in school, in a job, or by government has a major role to play in internalizing the stigma. The association between discrimination and self-stigma implies that students that are discriminated against have more chances of adopting negative preconceptions concerning their mental health and are therefore less likely to seek help. This observation helps to argue that discrimination is a type of stigma that strengthens barriers towards help-seeking behavior. Since Patel et al. (2007) observe, in collectivistic societies, such as the one in Pakistan, family reputation and status in the community are very important and discrimination based on

To sum up, this paper shows that self-stigma and social stigma are relevant obstacles to help-seeking behavior among Pakistani university students. A gender factor also contributes, whereby male students are less likely to seek help because of the traditional gender norms. These results highlight the necessity of specific interventions aimed at decreasing the level of stigma, increasing mental health awareness, and ensuring that students do not fear seeking help and refuse it due to the stigma. Universities have a big part to play in enhancing mental health and well-being of students by providing them with a more supportive and inclusive atmosphere.

One of the most important findings in the paper is the perceived discrimination that the participants have experienced because of their mental problems. A large number of students reported that they have been discriminated against both in school and in the workplace in addition to by authorities like the police. As an example, the sub-item I have been discriminated against in education because of my mental health problems had a mean score of 3.4286 which means that many students believe that they have been discriminated against in the education setting. The feeling of being spoken down to or

Rabbani et al - 2026

3007-2387

3007-2379

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treated unjustly based on mental health issues has been reported to be one of the causes of self-stigma and may lead to worse psychological issues.

This observation comes congruent to the study conducted by Patel et al. (2007) who discovered that within Pakistani culture, the mental health disorders are believed to be a consequence of moral failure or spiritual weakness, a fact that leads to the exclusion of the mentally ill. The relationship between discrimination and self-stigma indicates that the higher the level of perceived discrimination, the higher the chances that students will absorb the negative attitudes about their mental conditions.

As a way of solving this, the universities should implement anti-discrimination policies and develop an environment that proactively enhances inclusion. This may involve providing mental health training to the faculty and staff, counseling to students, and creating awareness campaigns to minimize stigma. Providing students with the sense of safety and support when learning holds a vital place in the promotion of the help-seeking behavior.

These results complement the works of Corrigan (2004) who points out that the personal development is possible in the case when a person addresses their mental health problems and comes to understand other people with the same problems. This can be taken to mean that, although mental health stigma is a critical obstacle, mental health struggle can also help an individual grow and become resilient. Universities can make use of this by providing additional spaces where students can share their experiences, which would help to de-stigmatize them and encourage them to promote mental health.

The results of this research can be of great importance to the mental health practice within the universities. It is important to consider the dual nature of stigma, self-stigma and public stigma in the context of encouraging the use of help-seeking behavior.

Interventions ought to be based on education of the students on the advantages of seeking help, normalization of the behaviors of help seeking and dismantling the stereotypes associated with mental health in society. Also, gender-based interventions are required to support the individual barriers that male students have when seeking help. Moreover, universities have to create a favorable atmosphere that actively attempts to decrease discrimination and encourage inclusion. Making mental health services available and confidential, as well as making peer-led mental health support groups and mental health literacy programs will go a long way to alleviate the stigma that a student might face and make it easier to find the help that they require.

Although the study offers important results regarding the relationship between stigma and seek of help behaviour, it has a number of limitations that need to be addressed. To begin with, the cross-sectional nature of the study precludes the possibility of making causal assumptions. The longitudinal design may be used in future researches to investigate the influence of changes in stigma, with time, on help-seeking behavior. Also, self-report measures are also vulnerable to the social desirability biases in which subjects can either underreport the stigma or overreport the readiness to seek help. Future research may take into account behavioral indicators or objective evaluation of help-seeking behavior.

Additionally, even though this study involved the Pakistani university students, future studies should involve various demographic groups (i.e., age, socioeconomic status, rural vs. urban) to determine how cultural differences could define the stigma and influence help-seeking behaviors. It might be beneficial to extend the study to other South Asian nations and obtain a more comprehensive insight into mental health stigma in collectivist societies.

Limitations

The study was conducted in the Faisalabad Medical University, Faisalabad, Punjab. The sample in this study comprises only the MBBS and AHS students of Faisalabad Medical University. The timeframe was limited, and causal inferences are not assured because it was a correlational study. Self-report questionnaires were the only method of data collection, which can result in common method variance, social desirability, or response bias.

CONCLUSION

The aim of this study was to determine the relationship between perceived mental health stigma and help-seeking behavior among medical students. This study has indicated that self-stigma and public stigma are important factors in determining the help-seeking behavior of medical university students. The aspect of gender also determines the possibility of seeking help, and male students are less likely to seek psychological help. These results highlight the necessity of multistage interventions, which are comprehensive and complex, and encompass stigma, mental health awareness, and engaging students in seeking the assistance they require without fearing stigmatization. Stigmatization and creating an atmosphere of mental health support will be of paramount importance in enhancing the mental health of university students in Pakistan.

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3007-2387

3007-2379

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