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Effect of Attitude towards Mental Illness on Help-Seeking Behavior Among Adults: Moderating Role of Perceived Stigma

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ABSTRACT

Attitudes toward mental illness and stigma play a critical role in determining whether individuals seek professional psychological help. In conservative and collectivist societies, negative attitudes and perceived stigma often discourage help-seeking.This study examined the effect of attitudes toward mental illness on help-seeking behavior among adults, and investigated perceived stigma as a moderator of this relationship.A cross-sectional design was employed with a sample of adults from the Pakhtoon community of Swat, Pakistan. Participants completed the Community Attitudes Toward the Mentally Ill (CAMI), the Stigma Scale, and the General Help-Seeking Questionnaire (GHSQ). Moderation analysis was conducted to examine the interactive effect of perceived stigma.Attitudes toward mental illness did not significantly predict help-seeking behavior. Perceived stigma did not moderate the relationship between attitudes and help-seeking behavior. No significant gender differences were observed in overall attitudes or help-seeking.Findings suggest that despite prevalent stigma, other sociocultural factors may play a stronger role in shaping help-seeking behavior. Culturally sensitive mental health interventions are needed.

Keywords: *attitude toward mental illness, perceived stigma, help-seeking behavior, adults, Pakistan.*

INTRODUCTION

Mental illness remains highly stigmatized in many societies, particularly in low- and middle-income countries, where negative attitudes contribute to discrimination, social exclusion, and reduced help-seeking. Mental health disorders account for a substantial global disease burden, affecting individuals, families, and societal productivity (World Health Organization [WHO], 2019), yet stigma continues to obstruct access to psychological services (Corrigan & Watson, 2002; Clement et al., 2015). In Pakistan, mental illness is commonly linked to supernatural explanations, moral weakness, or divine punishment, especially in rural and conservative communities such as the Pakhtoon population of Swat, reinforcing concealment and reliance on faith healers rather than professional care (Karim et al., 2004; Saeed et al., 2020; Qureshi & Kapadia, 2021).

Help-seeking behavior refers to recognizing psychological distress and actively seeking assistance from formal or informal sources (Cornally & McCarthy, 2011), and is strongly influenced by attitudes toward mental illness and perceived stigma. Attitudes include beliefs, emotions, and behavioral intentions, with negative views often involving fear, social distancing, and pessimism about recovery (Angermeyer & Dietrich, 2006; Corrigan et al., 2009). Research in South Asia shows widespread stigmatizing beliefs, particularly in rural populations, leading to symptom concealment and avoidance of mental health services (Khalily, 2011; Talib et al., 2024). Perceived stigma, including public stigma and self-stigma, further

reduces help-seeking through fear of judgment and discrimination (Link et al., 2001; Corrigan & Watson, 2002; Vogel et al., 2013), with family honor concerns intensifying avoidance in collectivist cultures (Rathod et al., 2017).

Help-seeking involves both formal providers and informal supports (Rickwood et al., 2005) and is shaped by attitudes, subjective norms, and perceived behavioural control, as proposed by the Theory of Planned Behavior (Ajzen, 1991). In Pakistan, negative norms and stigma reduce perceived control, resulting in low utilization of professional services despite high distress (Javed et al., 2024). Social Identity Theory further explains that individuals avoid behaviors that may associate them with stigmatized out-groups to protect social identity (Tajfel & Turner, 1979), and fear of being labeled mentally ill can lead to symptom concealment and reduced help-seeking (Major & O'Brien, 2005).

LITERATURE-REVIEW

Mental illness stigma is widely recognized as a major barrier to recovery, quality of life, and the pursuit of personal goals. Stigma undermines help-seeking behavior, treatment adherence, and social integration, thereby exacerbating psychological distress and functional impairment. Corrigan and Wassel (2008) conceptualized stigma as operating through public stigma, self-stigma, and label avoidance, all of which restrict individuals' aspirations and recovery. While interventions such as education, interpersonal contact, and cognitive-based strategies show promise in reducing stigma, the authors emphasized the need for stronger evidence-based approaches to sustain long-term change.

Stigma has been consistently linked to reduced help-seeking attitudes and behaviors. Distinctions between public stigma and self-stigma are central to this literature. Longitudinal evidence suggests that public stigma precedes and contributes to self-stigma. Vogel et al. (2013) demonstrated that public stigma predicted increases in self-stigma over time among college students, whereas self-stigma did not predict later public stigma.

Further evidence indicates that different stigma dimensions influence preferences for help sources. Pattyn et al. (2014) found that anticipated self-stigma reduced the perceived value of formal mental health care, while perceived public stigma diminished reliance on informal support systems. Stigma also intersects with other marginalized identities, including race, ethnicity, gender, and sexual orientation. Guarneri et al. (2019) showed that perceived and internalized stigma negatively affects psychological well-being, academic performance, and treatment engagement among college students from diverse backgrounds. These findings underscore the cumulative burden of stigma and the importance of intersectional approaches.

Empirical studies further demonstrate the tangible consequences of stigma. Alonso et al. (2008, 2009) found that perceived stigma was associated with poorer quality of life, work limitations, and social restriction among individuals with mental disorders across multiple countries.

Contrary to assumptions that stigma invariably results in low self-esteem, social psychological research suggests more complex processes. Crocker and Major (1989) and Crocker (1999) argued that stigmatized individuals actively protect self-esteem through attributional strategies, in-group comparisons, and selective value placement.

Cultural context plays a critical role in shaping stigma. Systematic reviews show that collectivism, familism, face concern, and supernatural beliefs are strongly associated with higher public stigma in non-Western societies (Yang et al., 2020; Papadopoulos et al., 2013). Yang et al. (2014) emphasized that most stigma measures are Western-derived and fail to capture culturally specific meanings of mental illness.

Within Pakistan, stigma is deeply embedded in collectivist and religious contexts. Ahmad and Koncsol (2022) demonstrated that limited mental health literacy and strong sociocultural norms significantly contribute to stigmatizing attitudes and reduced help-seeking among Pakistani emerging adults. Gender disparities further compound stigma-related outcomes, with women experiencing higher levels of depression, anxiety, and stress due to structural inequalities, domestic abuse, and limited access to resources (Mehmood et al., 2025). Early marriage among Pashtun females has been linked to severe psychological distress, highlighting the intersection of cultural practices and mental health vulnerability (Shahid et al., 2025).

Recent models of help-seeking emphasize the interaction of stigma with cognitive and contextual factors. The Health Belief Model and behavioral health frameworks highlight perceived benefits, barriers, social support, and personal stigma as key predictors of help-seeking (O'Connor et al., 2014; Benuto et al., 2020). Innovative intervention models such as PLACES (Brown et al., 2022) and the Seeking Mental Health Care model (McLaren et al., 2023) demonstrate that reducing stigma alone is insufficient; interventions must also address accessibility, illness perceptions, and cultural relevance.

Despite extensive global research, significant gaps remain in understanding stigma and help-seeking within specific ethnic communities in Pakistan, particularly among Pakhtoons. Existing literature often examines stigma or help-seeking independently, neglecting their cultural interdependence.

Hypothesis

1. Attitude towards mental illness would be a significant predictor of help seeking behavior among Pakhtoon community of Swat, Pakistan.

2. Perceived Stigma will moderate the relationship between attitude towards mental illness and help seeking behavior among Pakhtoon community of Swat, Pakistan.

METHOD AND SAMPLING TECHNIQUE

Design and Participants

A cross-sectional research design was used. The sample consisted of 600 adults from the Pakhtoon community of Swat, Pakistan. Convenient sampling was done for this study as the data had to be collected from the general population living in Swat Khyber Pakhtoon Khuwa.

Inclusion Criteria

- Adults aged 18 years or older
- Residents of Swat for at least five years
- Willing to give informed consent

Exclusion Criteria

- Individuals currently undergoing psychiatric treatment
- Non-Pashtoon residents

- Inability to comprehend English

Measures

Community Attitudes toward the Mentally Ill (CAMI)Attitudes toward mental illness were assessed using the 40-item Community Attitudes toward the Mentally Ill (CAMI) scale by Taylor and Dear (1981), which measures Authoritarianism, Benevolence, Social Restrictiveness, and Community Mental Health Ideology. The scale captures both negative and supportive public attitudes toward individuals with mental illness.

The Stigma Scale :Perceived stigma was assessed using the 28-item Stigma Scale by King et al. (2007), measuring internalized stigma and disclosure-related concerns. The instrument demonstrates high internal consistency ($\alpha > .80$) and strong construct validity through links with psychological distress and social functioning. Its multidimensional structure allows detailed assessment of stigma as a moderating variable (King et al., 2007).

General Help-Seeking Questionnaire (GHSQ):Help-seeking intentions were measured using the General Help-Seeking Questionnaire developed by Wilson et al. (2005), assessing likelihood of seeking help from formal and informal sources. The scale shows excellent reliability ($\alpha > .85$), good test–retest reliability, and strong predictive validity. Thus, it is suitable for examining help-seeking outcomes in relation to attitudes and stigma (Wilson et al., 2005)

Procedure

Ethical approval for the study was obtained from the Research Committee of the National University of Medical Sciences prior to data collection. Participants were recruited from community centers, educational institutions, and public spaces, and were fully informed about the study, assured of confidentiality, and provided written informed consent. Following consent, participants received standardized instructions and completed three validated questionnaires under supervised conditions to ensure clarity and cultural appropriateness.

RESULTS

Table 1

Descriptive analysis of demographic variables of the study participants (N= 600).

Demographic variable	**f**	**%**
Gender		
Male	295	49.2
Female	304	50.7
Age category		
1	476	79.2
2	102	17.0
3	22	3.7
Family System		
Joint Family	345	57.5
Nuclear Family	254	42.3
Joint Family	1	0.2

Note: f= frequency, %=Percentage

Table 1 exhibits the demographic variables and their frequency and percentage of the study sample. Considering the total participants (f=600).

Table 2

Linear regression Analysis for help-seeking behavior among the Pakhtun Community of Swat, Pakistan (N=600).

			95%CI			
Variables	**B**	**SE**	**LL**	**UL**	**β**	**p**
Constant	79.54	3.03	73.5	85.4		<.001
Authoritarianism	0.01	0.10	-.11	.22	0.00	.856
Benevolence	0.11	0.12	-.18	.35	0.05	.327
Social Restrictiveness	-.12	0.11	-.34	.09	-.06	-1.11
Community mental health ideology	-.12	0.11	-.15	.28	0.03	.55
R^2	.004					
F	.589	(>.005)				

P<0.05 significant, P<0.001 highly significant, P>0.05 non-significant.

The table above shows the results of regression analysis. The results indicated that the domains of community mental health are non-significant for predicting help-seeking behavior among Swat people.

Table 3

Moderating Effect of Perceived Stigma on the Relationship Between Attitude Towards Mental Illness and Help Seeking Behavior Among Pakhtoon Community of Swat, Pakistan (N=600)

Variables					**95% Confidence Interval**	
	B	**SE**	**t**	**p**	**LL**	**UL**
Constant	81.40	0.43	190.01	.000	80.56	82.24
CAMI	0.02	0.03	0.70	.484	-0.04	0.08
GHSQ	-.005	0.03	-0.19	.846	-0.06	0.05
X*M	.000	0.001	-0.24	0.80	-0.002	0.003
R^2	0.01					
F	.168					
ΔR^2	.000					
ΔF	.058					

Note: CAMI Community attitude towards mental illness, GHSQ=general help seeking questionnaire.

The table shows moderation analysis on study variables. The interaction effect shows that perceived stigma insignificantly moderated effect of attitude towards mental illness on help-seeking behavior (B= 0.000, p=0.80). The overall model added .01% additional variance in burnout (R^2=.01) and there is an insignificant change in the explained variance (ΔR^2 = 0.000, p>0.05).

DISCUSSION

This study examined the relationships between community attitudes toward mental illness, perceived stigma, and professional psychological help-seeking behavior within the Pakhtoon community of Swat, Pakistan. Contrary to the proposed hypotheses, attitudes toward mental illness—measured through authoritarianism, benevolence, social restrictiveness, and community mental health ideology—did not significantly predict help-seeking behavior, nor did perceived stigma moderate this relationship. The results indicate that, within this cultural context, the translation of attitudes into behavior may be constrained by factors beyond individual cognition or perceived stigma alone.

Psychological distress is often interpreted as a threat to family honor rather than an individual health concern, leading to concealment and reliance on culturally sanctioned coping mechanisms. Even when individuals express benevolent or progressive attitudes toward mental illness, these views may be overridden by religious or moral interpretations that frame distress as spiritual weakness or divine testing (Choudhry et al., 2018). Consistent with prior research, professional mental health services are frequently substituted with informal sources such as religious leaders, spiritual healers, or family elders, who are perceived as more culturally legitimate and accessible (Sultan et al., 2006). These dynamics support the notion that help-seeking behavior is culturally filtered rather than a direct outcome of attitudes or stigma (Rickwood et al., 2007).

The absence of a moderating effect of perceived stigma further suggests that stigma may function differently in this population. Rather than acting as a variable moderator, stigma may be so pervasive and normalized that it lacks sufficient variability to influence statistical relationships. This interpretation aligns with theories of internalized stigma, which propose that individuals may cognitively endorse mental health care while simultaneously avoiding it due to fear of social judgment and family dishonor (Link & Phelan, 2001; Corrigan et al., 2005). In honor-based, collectivist communities such as Swat, seeking psychological help may be perceived as a violation of Pashtoonwali ideals of self-reliance and stoicism, thereby suppressing help-seeking regardless of individual attitudes. Similar patterns have been observed in other conservative cultural contexts, although in more heterogeneous populations stigma has been shown to operate as a dynamic moderator (Clement et al., 2014; Naja et al., 2023).

Taken together, these findings suggest that attitudes and perceived stigma, while theoretically important, may be insufficient standalone predictors of help-seeking behavior in highly traditional societies. Future research should incorporate qualitative and mixed-method approaches to better capture culturally specific moderators that shape mental health behavior in the Pakhtoon community of Swat.

CONCLUSION

The study highlights the complexity of help-seeking behaviour in culturally conservative settings. While stigma remains prevalent, broader sociocultural factors must be addressed to improve mental health service utilization. Future research should explore additional mediators and culturally responsive intervention strategies.

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