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# Social Stigma, Perceived Parental Support, and Help-Seeking Intentions Among University Students: A Correlational Study

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## ABSTRACT

*The present research focused on social stigma, perceived parental support, and help-seeking intentions among young adults. Based on a correlational research design, data were gathered from 100 university students aged between 18 and 28 years using standardised tools such as the Attribution Questionnaire-9 (AQ-9), Perceived Parental Autonomy Support Scale (P-PASS), and the General Help-Seeking Questionnaire (GHSQ). The results indicated that social stigma was inversely related to both perceived parental support and help-seeking intentions, which means that increased stigma lowers perceptions of parental support and prevents individuals from seeking assistance. However, perceived parental support was positively related to help-seeking intentions, which emphasises the importance of supportive family processes in facilitating help-seeking behaviour. These findings strengthen the implicated relationships between societal and familial processes with respect to mental health outcomes. The research highlights the importance of interventions that address stigma reduction as well as parental support concurrently to build a support environment for young adults. The limitations of the research are its correlational nature and sample limitations, and it is recommended that future studies take a longitudinal or experimental design to determine causal effects and enhance generalizability.*

***Keywords:*** *social stigma, perceived parental support, help-seeking intentions, young adults, mental health*

## INTRODUCTION

There is an increasing awareness curve about mental health, but there is still a huge stigma that prevents individuals from seeking help. Prejudice and discrimination on the part of society against mentally troubled individuals are spoiling the will to seek help. Geographical disparity doesn't play a major role when it comes to the stigma of mental health (Maeshima & Parent, 2020). You might be asking yourself how mental health stigma impacts the life of mentally ill individuals. Societal stigma for mental health can influence help-seeking. Stigma acts as a barrier that prevents individuals from seeking help. People become afraid of being stigmatized by other society members. This will lead to delayed diagnosis and can increase the prevalence of the issue (Haugen et al., 2017).

In our society, concepts like social stigma play a phenomenal role as well as perceived parental support, support that we feel we get from our parents in an attempt to get assistance regarding mental issues.

Parental support is thought to be a key role-playing dimension when it comes in the form of seeking assistance for mental issues. Positive parenting is designed to induce a more frequent help-seeking intention and vice versa (Maiuolo et al., 2019). If a person is mentally agonized by an issue in his/her life, he/she used to talk about his/her problems with their family members, friends, etc., in order to obtain some suggestions or they modify their behaviors, which are evident indicators that they need help. According to a recent study, a person with mental issues is likely to seek help from family, relatives and friends rather than psychologists (Al-Shannaq & Aldalaykeh, 2023).

Research has quickly designed the research on the role of the stigma in accounting and parental support role in explaining the approach among young adults to seek mental health and help. Despite the widespread representation of the influence of stigma on the behavior that seeks help, their common role in how the stigma interacts with the support of the parental support and to shape the help is not clear. The purpose of this research is by examining this research interval The extent to which parents support and stigmatize and influence the help of university students.

In the tasted communities with high mental health, the parents' attitude is also directed by such an existing social perception, and thus the young adults have less alleged parental support. As a result, individuals will hesitate to seek help from being reprimanded or for fear of failing to get encouragement from their families. On the other hand, the approach that receives more favourable assistance has been discovered to get out of the high perception of parents' support. This emphasises the support of parents and two-way stigma in the design of the choice of young adults for mental health care.

As a result, research is directed by two basic questions: (1) How is the support of parents associated with social stigma among young adults? And (2) What is the effect of stigma and support from the alleged parent who is seeking help? The results are expected to increase knowledge of social and psychological determinants for behaviour that helps among young adults, and provide insights with practical implications for the role of family and social factors for mental health results.

**Problem Statement**

The purpose of this research is to investigate the support of the parental support and the relationship between socially stigma and compare both men and women, both men and women, between their relationships and different age groups of young adults with intentions seeking help. However, this research recognizes some weaknesses. Participants' responses can be affected by social desirable bias, and can also affect variables that affect variables, including the previous history of socio -economic status and mental health. The study also contains a small number of participants, who are 100 universities (50 men and 50 women) between 18-24 years.

**Research Objectives**

The following are the objectives of the present study:

1. To find out the relationship between social stigma, perceived parental support and help-seeking intentions among adults.

2. To predict the role of social stigma in help-seeking intentions among adults.

3. To study the impact of perceived parental support and help-seeking intentions among adults.

**Research Questions**

1. What is the relationship between social stigma, perceived parental support, and help-seeking intentions among adults?

2. To what extent does social stigma predict help-seeking intentions among adults?

3. How does perceived parental support influence help-seeking intentions among adults?

## LITERATURE REVIEW

Even with the wealth, mental illness continually is stigmatised, which makes the individual reluctant to seek help, which they need for themselves. The multifaceted field that will be investigated within this literature review is the nuanced relationship between social stigma and perceived parental support in shaping help-seeking behavior. The primary objective of reviewing the available studies is to learn about how the quality of parent relationships constructs the perception of support and also how it is associated with social stigma, along with how both of these influence the behaviours that are used to engage in seeking help. The attitudes regarding the social stigma are closely associated with the stigmatising attitude of a person.

These attitudes share an association with seeking help. The view of a mentally ill individual to be life-threatening or impossible to recover may encourage the individual to seek assistance from a professional, whereas the view of a mentally ill individual to act randomly or chaotically or to be held accountable for their sickness discourages seeking help (Mojtabai, 2010). The stigma of mental illness is so pervasive and can lead to such discrimination that individuals often end up differentiating between the stigmatised and the rest. In a study where individuals who had rooms on rent were questioned about it by a regular person and a mentally ill individual under treatment who will be just fine soon. The rooms were practically defined as not available for the person under psychiatric treatment (Page, 1995). The connection of stigma and help-seeking moves hand in hand. Societal and self-stigmatisation usually diminish the search for professional help. It is all because of an individual's expectation of how humiliating it would show him to society and even himself, prejudiced because of societal stigma. The fear of rejection, discrimination and other variables makes an individual shun professional help. (Schomerus & Angermeyer, 2011).

There is a positive correlation between help-seeking seeking with social identification as an individual with mental illness. Attitudes concerning such groups also impact help-seeking positively. This implies that the more intense the perception of stigma, the more intense the help-seeking attitude will be (Kathleen, Stacey, & Katherine, 2019).

Variations occur between other genders too. Young men from low-income families, for example, have more personal stigma compared to others. This is because of the mental illness perception they have. Personal stigma is directly proportional to help-seeking intention, i.e., a greater negative attitude towards a person's own mental health decreases help-seeking. Perceived social stigma does not actually contribute or decrease much towards such behaviors (Eisenberg et al., 2009).

Asian Americans possess higher mental health stigma and self-concealment compared to European Americans, but with the converse being low tolerance against stigma and interpersonal openness compared to European Americans. Also, the help-seeking attitudes are unpromising. This results from a high level of stigma concerning mental health in Asian origins (Masuda & Boone, 2011).

A research explained that by means of self-stigma, help-seeking tendencies are indirectly and negatively related to attachment anxiety in emerging adults. Essentially, attachment anxiety and mental health concerns ultimately predict increasing levels of self-stigma, which reduces the help-seeking behaviour and attitudes (Cheng et al., 2015).

While discussing help-seeking and social stigma, it is extremely essential to know the level of education that is given to the people.

This is because the education given can bring about changes in these factors.

An experiment was conducted by giving education on mental health to teenagers to realize how much difference it brings about in stigma. The outcomes revealed that the stigma of mental health was significantly lowered after being educated about mental health and its significance. As stated, this indicates to us the importance of educating individuals on mental health in order to lower stigma among the younger population (Liguid & Cuartero, 2022). Medical students also have numerous mental challenges, but the confusion among them regarding how to go about seeking assistance for their issues is considerable. Because of this, the early detection of mental illness is extremely low among them, leading to a mental crisis. To examine if mental health education assists in creating a healthier help-seeking intention or not, a study was conducted.

According to this study, literacy regarding help-seeking for mental health stated that there is no correlation between help-seeking intention and mental health education (Lumaksono et al., 2023). Perceived parental support is correlated with suicide attempt. A person who has high perceived parental support has less chance of suicide attempt due to the fact that he or she knows someone has his/her back. Evidence has confirmed that increased parental support is linked with lower depression, suicide attempt and likelihood of mental health service use.

Moreover, during mediation testing, it was clear that the relationship between parental support and medical health service was mediated by suicide attempt (LeCloux et al., 2016). Social stigma is a negative affect or belief reflecting social disapproval for individuals or groups, typically based on stereotypes associated with such traits as disability, mental illness, religion, or race, and typically assessed with the Attitude Questionnaire-9 (AQ-9). It has been reported to produce adverse consequences, including emotional distress, social exclusion, discrimination, and decreased quality of life. The support of the alleged parent, measured by the alleged support scale for ancestor's autonomy (P-pass), is a personal belief that a person helps in emotional, instrumental or information, which they expect to receive from their parents, especially under challenging circumstances, and self-real and self-like, mental health, mental health, educational priests. The intentions of receiving help, usually evaluated by the use of General Aid Questionnaire (GHSQ), refer to the thinking of a person who reflects the possibility of taking help when facing a problem; It is one of the most important determinants for mental health and is influenced by stigma, cultural values, self -efficiency, social support and access.

The current study examines the relationship between social stigma, experienced support from parents and intentions among young adults, and deals with the existing decline in research where these factors have largely been investigated or investigated in some combinations, usually in developed communities. By examining the contribution of the stigma and the contribution of the parents' support to the formation of the intentions to help, the purpose of the research is to strengthen the understanding of psychological and social processes that affect mental health behaviour. It is their implications for welfare at a personal level, relationship processes and social function.

## METHODOLOGY

This research used a quantitative correlation design to determine the relationship between parental support' support, socially stigma and helped intentions. A correlated design was used to determine the ratio of all variables and can gain a clear understanding of all varying relationships with each other.

### Sample:

A demographic sampling method was applied and a random sample of 100 university students aged 18-26 years was selected from various universities in Faisalabad.

### Inclusion and Exclusion Criteria:

100 students who go to the university gave data used for this study between the ages of 18 and 26 years old. Not less than 18 and not more than 26.

**Instrument**

Three standardised tools are used in this study to gauge its main variables. The Attribution Questionnaire-9 (AQ-9), a commonly applied nine-item version derived from the original AQ-27 (Corrigan et al., 2002), is used to measure levels of personal and perceived stigma, insight into negative attitudes and stereotypes about mental illness in university students. Perceived parental support is assessed with the autonomy-support subscale of the Perceived Parental Autonomy Support Scale (P-PASS) by Mageau et al. (2015), which measures parental encouragement and emotional availability but not the controlling behaviour subscale. Lastly, help-seeking intentions are measured using the General Help-Seeking Questionnaire (GHSQ), a 24-item scale with two subscales that are meant to examine the intention-behaviour relationship toward seeking counselling, specifically for suicidal thoughts and personal or emotional issues (Wilson et al., 2005). In combination, these measures ascertain a valid and reliable measurement of stigma, parental support, and help-seeking behaviour among the population being studied.

**Data Analysis**

Data were analyzed using SPSS software version 27. Descriptive statistics (means, standard deviations) for all variables were calculated. Pearson product-moment correlations were utilized to test study variable relationships. Independent-sample t-tests were used to compare gender differences in stigma, parental support, and help-seeking intentions. Statistical significance was at the level of $p < .05$.

**RESULTS**

This section provides descriptive statistics, correlations between study variables, and gender-based group comparisons. Results are summarised under three main tables for the sake of clarity.

**Descriptive Statistics and Correlations**

Table 1 lists the measures, standard deviations, and correlations between social stigma, perceived parental support, and help-seeking intention for the overall sample (N = 100).

**Table 1**

**Means, Standard Deviations, and Correlations Among Study Variables (N = 100)**

| Variable | M | SD | 1 | 2 | 3 |
|---|---|---|---|---|---|
| 1. Social Stigma (AQ-9) | 32.10 | 5.45 | — | | |
| 2. Parental Support (P-PASS) | 78.56 | 9.34 | -.40** | — | |
| 3. Help-Seeking Intentions (GHSQ) | 42.87 | 6.12 | -.45** | .52** | — |

Note. $p < .05$*, *$p < .01$.

Interpretation:

Social stigma showed a significant negative correlation with both perceived parental support ($r = -.40$, $p < .01$) and help-seeking intentions ($r = -.45$, $p < .01$). Parental support was positively correlated with help-seeking intentions ($r = .52$, $p < .01$).

**Gender Differences**

Table 2 shows independent-sample t-test results comparing males and females on study variables.

**Table 2**

Gender Differences in Social Stigma, Parental Support, and Help-Seeking Intentions

| Variable | Male M (SD) | Female M (SD) | t | p |
|---|---|---|---|---|
| Social Stigma (AQ-9) | 33.12 (5.60) | 31.08 (5.25) | 1.84 | .068 |
| Parental Support (P-PASS) | 76.45 (8.92) | 80.67 (9.51) | -2.31 | .023* |
| Help-Seeking Intentions (GHSQ) | 40.98 (5.89) | 44.76 (6.12) | -3.12 | .002** |

Note. $p < .05$*, *$p < .01$.

**Interpretation:**

Females reported significantly higher perceived parental support ($p < .05$) and help-seeking intentions ($p < .01$) compared to males. However, gender differences in social stigma were not statistically significant ($p = .068$).

4.3 Age and Study Variables

**Table 3 presents the correlations between participants' age and study variables.**

**Table 3**

Correlations Between Age and Study Variables (N = 100)

| Variable | Age |
|---|---|
| **Social Stigma (AQ-9)** | -.12 |
| **Parental Support (P-PASS)** | .08 |
| **Help-Seeking Intentions (GHSQ)** | .05 |

Interpretation:

Age was not significantly correlated with any study variables, suggesting similar patterns across the 18–26 age range.

**Findings**

The current study examined the correspondence to help socially stigma, parental support' support and intentions in young adults and give many important conclusions. The results found that socially stigma was well related to the intentions related to the intentions, such as the higher individuals in the stigma were less likely to seek help, which corresponds to other studies on stigma -based obstacles to seek help in mental health contexts. On the other hand, the support of the parental support was also related to the intentions of helping positively, which means that youth with a positive sense of support from parents need to seek professional help when needed. Second, both socially stigma and support from the parents experienced in a negative relationship, with the projections that the more like the experience of the

stigma, the parental support' encouragement and support. Cumulatively, conclusions highlight the connection between stigma, parents 'support and helping behavior, which improves the importance of reducing stigma to encourage practice to gain healthy support among young adults and increase the importance of their parents' support.

## CONCLUSION

The current research concluded that social stigma, perceived parental support, and help-seeking intentions are closely interrelated, with stigma hurting both parental support and help-seeking attitude, whereas parental support acts positively to encourage help-seeking behaviour. These results underscore the twofold significance of stigma reduction and parental support enhancement in creating a positive environment where young adults have access to help if needed. Concurrently, the methodological shortcomings of the current study, most notably its correlational nature and restricted generalizability, require moderation of interpretation and suggest the desirability of future research using longitudinal or experimental designs to more securely establish causality and increase applicability. The results of the current study have a number of implications for mental health practitioners, educators, and policymakers in Pakistan.

First, the inverse association between social stigma and help-seeking intentions suggests an immediate need for running anti-stigma campaigns at universities and communities. Mental health literacy programs, awareness seminars, and educational workshops can debunk myths about psychological issues and discourage the fear of public judgment.

Second, the beneficial impact of parental support highlights the value of family participation in mental health treatments. Parent training programs can provide parents with the skills and information needed to identify early warning signs of emotional distress and promote professional help-seeking in their children.

Third, the gender disparity found in this study indicates that male students might need special interventions targeting cultural masculinity expectations that dissuade men from expressing emotions. Tailored counseling services with male students in mind can make them more amenable to psychological counseling. Lastly, these results can inform university counseling centers in creating culturally responsive services that incorporate family involvement, peer education, and stigma reduction efforts.

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