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**The Effect of Mental Health Literacy and Social Support  
on Attitude towards Seeking Professional Psychological Help  
among Chinese Undergraduates**

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**Abstract**

The goal of this research was to explore how mental health literacy and social support influence young adult Chinese undergraduates' attitudes towards seeking professional psychological help. This impact is channeled through social stigma and self-stigma. The study draws upon data collected from a cohort of 735 students enrolled in two universities situated within Sichuan Province, China. Path analysis, employing both multiple regression and the process macro technique, was applied to investigate the relationships. The results revealed positive direct impacts of mental health literacy and perceived social support on individuals' willingness to seek professional psychological assistance. Simultaneously, a direct negative correlation was observed between social stigma and self-stigma and the inclination to seek such help. It is noteworthy that self-stigma was notably and positively affected by social stigma. Additionally, both mental health literacy and social support exhibited an indirect influence on attitudes toward professional psychological help-seeking, mediated through the constructs of social stigma and self-stigma. Finally, this study delves into the implications of these results.

**Keywords :** mental health literacy, social support, social stigma, self-stigma, attitudes toward seeking psychological help, Chinese undergraduates

**Introduction**

The age range that spans from 18 to 25 years is characterized by young adults exploring their identities, evaluating career prospects, and establishing adult romantic relationships, all while not expecting to immediately assume full adult responsibilities (Arnett, 2004).

Data show that a significant number of people, especially young people, who require psychological care are not receiving said care (Thornicroft, 2007). In mainland Europe, for example, every year more than one third of people experience a mental illness, which translates to about 164.8 million affected individuals, out of whom less than 30 percent obtain any form of Psychological care (Wittchen et al., 2011).

According to the WHO's World Wellness Surveys, roughly one in five (20.3%) of undergraduates worldwide suffers from a mental health condition. The most common are problems with anxiety, then emotional disorders, addiction to substances illnesses, and behavioral problems. Although the majority of these disorders begin before students enter college, merely 16.4 per cent of those in need acquired any type of professional psychological assistance (Auerbach et al., 2016).

Research from China shows that the rate of incidence of issues with psychological health associated with the COVID-19 epidemic has increased (Zhou et al., 2020). In China, the availability of psychological services is hampered by a lack of professional resources and an unequal distribution of those resources. The government's oversight of educational institutions and certification, as well as chronic under-diagnosis of mental diseases, which causes an inconsistency among the resource and the projected need for treatment for mental illnesses, may contribute to the shortage of certified mental health providers (Qin & Hsieh, 2020).

When experts evaluate people's understanding and attitudes concerning mental disorders, they can pinpoint the prejudices linked to these conditions. These biases represent some of the primary obstacles to promptly and efficiently diagnose and treat mental disorders. As a result, shedding light on knowledge gaps, misconceptions, and underlying stigmas can be helpful in creating strategies to raise awareness of psychological wellness (Schulze et al., 2003).

The research aims to narrow the knowledge gap by examining the links between mental health literacy, social support, stigma, and self-stigma, ultimately constructing a predictive model for Chinese college students' views on seeking professional psychological assistance.

## **Literature Review**

The theory of reasoned action suggests behaviors, including health actions, are driven by intention, influenced by attitude toward the behavior and subjective norms (Ajzen & Fishbein, 1980). Attitude towards behavior and subjective norms drive behavioral intention in the theory of planned behavior, reflecting personal evaluation and perceived social expectations (Kurland, 1995). Although little is known about whether help-seeking attitudes have changed over time, they are believed to be a major barrier to using mental health services (Mackenzie et al., 2014). Such attitudes, according to Fischer and Turner (1970), are multidimensional and comprise four elements: acceptance of need, stigma tolerance, openness, and trust in mental health professionals.

Research has shown that the Asian student population tends to avoid seeking psychological help in their native countries and abroad (Brinson & Kottler, 1995). It has been proposed, however, that if the process of therapy focuses on basic life concerns, they are more inclined to engage positively (Conrad & Johnson, 2020).

Cultural values strongly influence Chinese motivation to seek professional psychological help (DeVitre & Pan, 2020). Cultural barriers include anxiety about prejudice, concerns about losing face, stigma against oneself, stigma among the public, and seeking other

options (e.g., seeking help for one's physical wellness, traditional Chinese therapies, fortune-tellers, or spiritual directors) (Huang et al., 2018; Wu et al., 2012). In traditional Chinese culture, the term "familial" is one of the most essential representations, with "filial faith, authority from parents, restricted feelings, permanent commitments to the household, and familial harmony" valued in everyday activities of the Chinese population (Costigan & Dokis, 2006).

The Chinese have a negative attitude toward seeking professional help for psychological problems (Chen et al., 2020), especially given the growing incidence in psychological disorders within young people (Tan et al., 2020). Students hesitate to seek help from friends and family due to fears of burdening them with stress and anxiety (Constantine et al., 2005; Olivas & Li, 2006).

Based on these findings, mental health literacy had a negative relationship with devaluation along with discrimination, lending support to previous research and the idea that increasing mental health literacy could help reduce social stigma (Yin et al., 2020). According to research, the degree of perceived social stigma has a direct and strong influence on self-stigma (Ross et al., 2020). The college students' views toward seeking professional mental health services are influenced by social support, and the more social support they receive, the more favorable their attitudes toward pursuing professional psychological assistance (Liu et al., 2013). In research from Ethiopia, 35.1% of participants were well-versed in mental health issues. Education and strong social ties significantly and positively correlated with mental health literacy (Ababu et al., 2022). Higher levels of perceived social stigma were linked to lower levels of perceived social support, resulting in greater psychological distress (Kim & Yi, 2014). According to recent research, people who experience higher levels of self and social stigma are less likely to seek professional psychological help (Mehta & Edwards, 2018).

As a result, it has been demonstrated that assessing the extent of and encouraging higher levels of mental knowledge by an improvement of knowledge and the shaping of beliefs guided by this understanding has an impact on related prejudices and attitudes. Consequently, this will influence a person's behaviors, particularly their traditional reluctance to ask for professional mental health services (Kim & Yon, 2019).

## **Research Methodology**

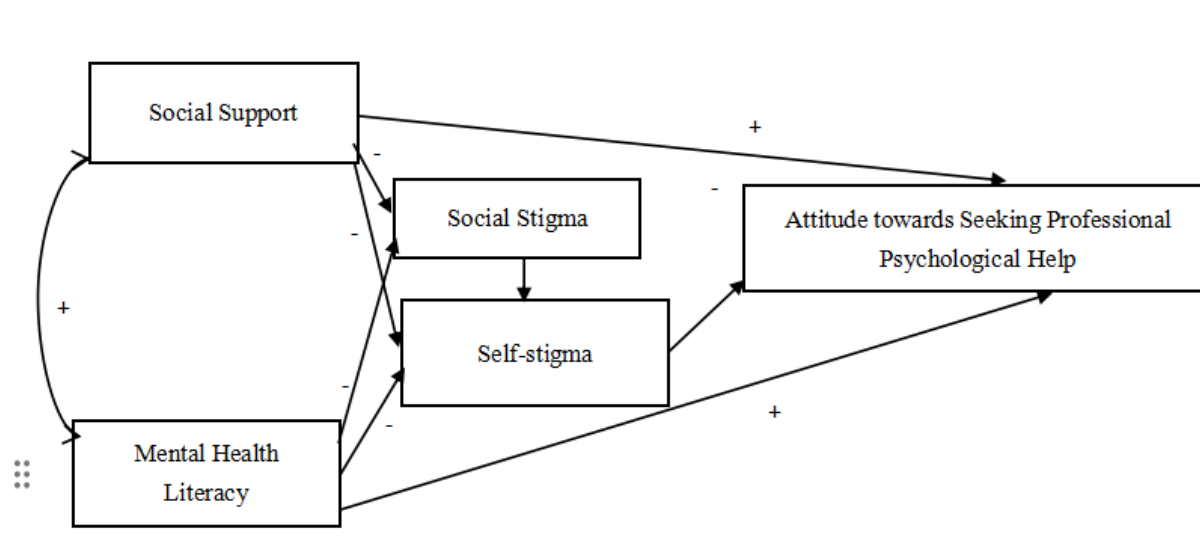
### **Study Design and Participants**

The research employs path analysis and multiple regression to explore the influence of mental health literacy and social support on attitudes toward seeking professional psychological help, mediated by social stigma and self-stigma. The research was conducted on a sample of 735 undergraduate students, aged 18 to 25, from different departments across two private colleges in Sichuan, China. These two institutions and their students were selected based on convenience and ease of access. G\*Power 3.1.9.4 (Faul et al., 2009) was used to compute the minimum required sample size for the multiple regression analysis with four predictor variables and one outcome variable, with medium effect size, alpha value = 0.05, and power of 0.8, it was determined to be  $n = 85$ . However, in order to improve the research's external validity and to look for demographic differences, the principal researcher raised the sample size to 735 individuals.

## Conceptual Framework

Figure 1

Conceptual framework showing the relationship of dependent variable and independent variables.



## Sampling Method

A convenience sampling method was employed. Participants in the study were not offered any incentives. All of the participants were undergraduate students at two private colleges in Sichuan, China.

## Data collection

After receiving ethical clearance from Assumption University's Institutional Review Board, data collection procedure was started, after contacting the institutions via WeChat, the researcher gained authorization from the faculty of psychology in each of the colleges in Sichuan Province, China, to gather data from their undergraduate students. Participants filled out the survey online using the Wenjuanxing online survey platform.

## Instruments

In this study, validated Chinese versions of instruments were wholly utilized. Although the validity of instruments was not investigated by the researcher in this study, reliability analysis was performed. The research instrument was divided into five sections in order to gather details about demographics from subjects and measure the variables under study.

## The Multicomponent Mental Health Literacy Scale

The scale was developed by Jung et al. (2016). It consists of 26 items divided into three dimensions: "Knowledge-oriented" (items 1-12), "Beliefs-oriented" (items 13-22), and "Resource-oriented" (items 23-26). In the resource dimension, participants responded with a simple "Yes" or "No," earning 1 point for "Yes" and 0 points for "No." The knowledge and belief dimensions employ a Likert scale, with options including "Strongly Disagree," "Disagree," "Unsure," "Agree," and "Don't Know." Positive items in the knowledge dimension received 1 point for "Strongly Agree" and "Agree," while reverse items in the belief dimension got 1 point for "Strongly Disagree" and "Disagree," with all other options scored as "0" points. The scale had a Cronbach's alpha of 0.83, with the knowledge portion at 0.76, beliefs at 0.77, and resources at 0.84.

Ming et al. (2021) first introduced this scale in China, where it was adapted with two additional items and the exclusion of two poorly correlated and two low-load value items. The Chinese version contains 22 items grouped into three domains: mental health knowledge (items 1-10), beliefs (items 11-18), and resources (items 19-22). The Cronbach's  $\alpha$  coefficient of 0.80 in Chinese version and a test-retest reliability of 0.64 after 6 weeks. The Cronbach's coefficients for the three dimensions of "knowledge, belief, and resources" are 0.76, 0.71, and 0.77, respectively (Ming et al., 2021). In this study, reliability analysis indicated that the measurement tool was reliable with Cronbach's alpha value of .826.

### **The Multidimensional Perceived Social Support Scale (MSPSS)**

The measure employed was developed by Zimet et al. in 1988. It divides support into three categories: "family members" (items 3, 4, 8, and 11), "friends" (items 6, 7, 9, and 12), and "significant others" (items 1, 2, 5, and 10). This scale has 12 items, with four in each subscale. These 12 items were rated on a Likert scale of 7 points, with 1 being "strongly disagree" and 7 being "strongly agree." The average of these items was used to calculate a composite social support score, with higher scores indicating higher perceived social support. Initial MSPSS score was with an overall coefficient of 0.88 (Zimet et al., 1988). This scale has been translated for the Chinese population and is widely utilized by Chinese researchers. Yan and Zheng (2006) modified this scale by replacing "significant others" such as "boss, relatives, colleagues" with "teacher, classmate, relative," which is more relevant to the student population and aligns better with Chinese culture. The new Cronbach's alpha coefficient for this modified version is 0.90. In this study, reliability analysis indicated that the measurement tool was reliable with a Cronbach's alpha value of .957.

### **Questionnaire of Stigma for Seeking Professional Psychological Help (SSPPH)**

The questionnaire was utilized to assess both self and social stigma (SSPPH). This questionnaire, modified by Hao and Liang (2011), combines scale to assess social stigma (SSRPH; Komiya et al., 2000) and Self-Stigma (SSOSH; Vogel et al., 2006). The original 20-item Stigma Questionnaire for Professional Psychological Help included the SSRPH (10 items), the SSOSH (5 items), and 5 items to assess social stigma (SSPPH). However, the content validity of the five new social stigma questions was found to be insufficient for inclusion in the prediction scale. Consequently, a 15-item measurement table was created after removing 5 items with weak factor loading and discrimination through item analysis and exploratory factor analysis. The remaining ten items account for 44.66% of the total variation. This scale comprises 10 items with two dimensions: self-stigma (Items 1, 2, 3, 4, 5) and social stigma (Items 6, 7, 8, 9, 10). Items are evaluated on a 5-point partially anchored scale, with 1 being strongly disagree and 5 being strongly agree. The overall scale rating falls between 10 to 50, with higher scores meaning a more severe prejudice associated with seeking mental health care. The repeatability of tests was 0.70 to 0.73 (Hao & Liang, 2011). The measure displayed reliability in the present investigation, with an overall alpha of .929.

### **The Attitude towards Seeking Professional Psychological Help scale -Short Form (ATSPPH-SF)**

The original scale was developed by Fisher and Farina in 1995 and translated by Fang et al. (2019). This condensed form of the initial 29-item scale (Fischer & Turner, 1970) contains only 10 items. Answers are evaluated on a scale with four points ranging from 0 (strongly disagree) to 3 (strongly agree). To mitigate the positive response prejudice, certain questions are worded adversely. When the scores on these items are reversed, the overall scale score can vary from 0 to 30, with greater ratings indicating a more favorable attitude toward seeking professional help (Calear et al., 2017). The scale exhibited an internal consistence of 0.84 (Fischer & Farina, 1995).

The Chinese version of ATSPPH-SF features two distinct dimensions and comprises ten items. These dimensions include "Openness to seeking professional help for emotional issues" (items 1, 3, 5, 6, 7), graded on a scale from zero (disagreement) to three (agreement), and "Value and necessity of seeking professional assistance" (items 2, 4, 8, 9, 10), also rated on a scale from zero (disagreement) to three (agreement). The internal consistency demonstrated a coefficient of 0.681. Furthermore, the overall test-retest reliability recorded a

coefficient of 0.895, indicating strong validity and reliability, as reported by Fang et al. in 2019. In our current study, the instrument showed reliability, with an overall Cronbach's alpha of 0.636.

### Data Analysis

To analyze data in this study, the statistics program SPSS for Microsoft Windows, version 25, was employed. The study began with a descriptive analysis and then proceeded with a reliability analysis. Following that, the path model was tested using multiple regression ( $n = 735$ ) to examine both the direct and indirect connections between mental health literacy and social support in terms of attitudes toward seeking professional psychological help, as mediated by social stigma and self-stigma.

### Results

Those who took part in the present research ( $n = 735$ ) consisted of males (35%) and female (65%) between the ages of 18 and 20 (77.8%) (see Table 1).

**Table 1**

*Demographics characteristics of the participants*

Total Respondents		Frequency	Percent
Gender	Male	257	35
	Female	478	65
Age	16	1	.1
	17	4	.5
	18	174	23.7
	19	283	38.5
	20	115	15.6
	21	54	7.3
	22	69	9.4
	23	32	4.4
	24	3	.4
	25	1	.1

Table 2 presents the findings of descriptive analysis. It reveals that the respondents displayed a high level of mental health literacy ( $M=12.9020$ ,  $SD=4.70968$ ) and perceived social support ( $M=57.8299$ ,  $SD=13.24562$ ). In contrast, social stigma ( $M=11.4694$ ,  $SD=3.89247$ ) and self-stigma ( $M=13.2014$ ,  $SD=3.89652$ ) were lower. Attitudes toward seeking psychological help ( $M=17.4571$ ,  $SD=3.15719$ ) indicated a negative perspective, according to the scoring manual of the attitude questionnaire, the minimum score on the scale below 20 is considered to be negative (Chen et al., 2020).

**Table 2**

*Means and Standard Deviations for the Main Variables*

Variables	Minimum	Maximum	Mean	Std. Deviation
Mental Health Literacy	0.00	22.00	12.902	4.709
Social Support	12.00	84.00	57.829	13.245
Social Stigma	5.00	25.00	11.469	3.892
Self-Stigma	5.00	25.00	13.201	3.896
Attitude towards Professional Psychological Help Seeking	0.00	30.00	17.457	3.157

Table 3 presents the results of the Regression Analysis of Mental Health Literacy, Social Support, Social Stigma, and Self-Stigma on Attitude toward Seeking Professional Psychological Help. The  $R^2$  value is 0.269, indicating that approximately 26.9% of the variance in attitudes toward seeking professional psychological help has been explained by the predictors. Mental Health Literacy has a weak positive influence on the attitude toward seeking professional psychological help ( $\beta = 0.185$ ) while perceived social support has a moderate influence ( $\beta = 0.278$ ). Social stigma shows a weak negative influence ( $\beta = -0.147$ ), and self-stigma also exhibits a weak negative influence ( $\beta = -0.169$ ).

The results of the Regression Analysis of Mental Health Literacy and Perceived Social Support on Social Stigma (Table 3) show an  $R^2$  value of 0.079, explaining approximately 7.9% of the variance in social stigma. Mental Health Literacy ( $\beta = -0.216$ ) has a moderate negative influence, and perceived social support ( $\beta = -0.144$ ) has a weak negative influence on social stigma.

From Table 3, the regression analysis of Mental Health Literacy and Perceived Social Support on Self-Stigma resulted in an  $R^2$  value of 0.036, explaining about 3.6% of the variance in self-stigma. Both Mental Health Literacy ( $\beta = -0.108$ ) and perceived social support ( $\beta = -0.135$ ) were shown to have a weak negative influence on self-stigma.

Lastly, from Table 3, the Regression Analysis of Social Stigma on Self-Stigma reveals an  $R^2$  value of 0.501, explaining approximately 50.1% of the variance in self-stigma. Social stigma has a strong positive influence on self-stigma ( $\beta = 0.708$ ).

**Table 3**

*Regression Analysis of five variables*

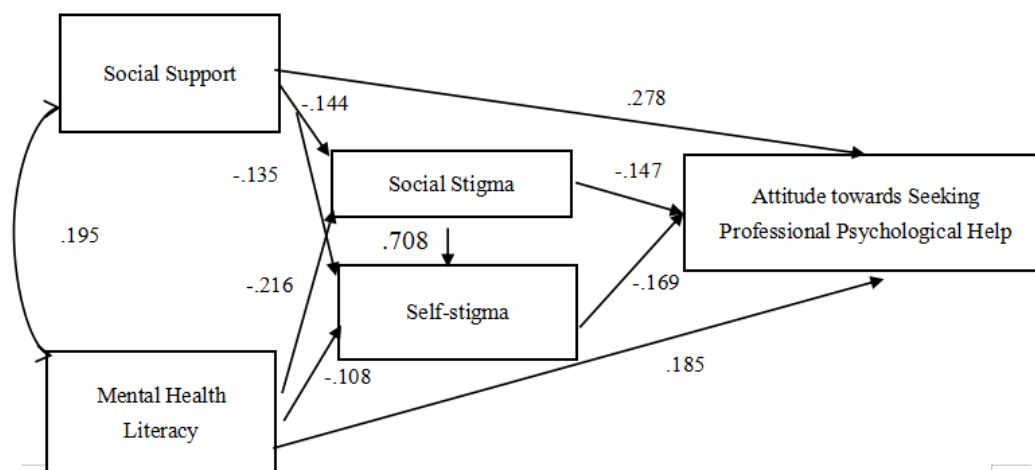
	B	Std. Error	Beta	t	Sig.	R <sup>2</sup>
(Constant)	15.207	.678		22.427	.000	.296
Mental Health Literacy	.124	.022	.185	5.577	.000	
Social Support	.066	.008	.278	8.520	.000	
Social Stigma	-.137	.037	-.147	-3.204	.001	
Self-Stigma	-.119	.036	-.169	-3.772	.000	
a. Dependent variable: Attitude towards seeking professional psychological help						
(Constant)	16.221	.673		24.102	.000	.079
Mental Health Literacy	-.178	.030	-.216	-5.966	.000	
Social Support	-.042	.011	-.144	-3.990	.000	
Dependent variable: Social Stigma						
(Constant)	16.221	.673		24.102	.000	.079
Mental Health Literacy	-.178	.030	-.216	-5.966	.000	
Social Support	-.042	.011	-.144	-3.990	.000	
Dependent variable: Social Stigma						
(Constant)	5.077	.316		16.046	.000	.501
Social Stigma	.708	.026	.708	27.112	.000	
Dependent variable: Self-Stigma						

$p < 0.01$ , Correlation is significant at the 0.01 level



**Figure 2**

*Path model of direct and indirect influence of perceived social support and mental health literacy on attitude towards seeking professional psychological help mediated by self-stigma and social stigma*



The results of the analysis of mediation are shown in Table 4, which revealed that the indirect mediating impacts were significant ( $p < 0.001$ ). With 5000 samples from bootstrap with replacement and 95% bias-corrected (BC) bootstrapped intervals of confidence (CIs), the Process macro was utilized to test the significance of the indirect impact of the variables. The indirect impact was deemed to be statistically significant if these intervals excluded zero (Table 4).

The results revealed a significant indirect effect of social support on attitude towards seeking professional psychological help through social stigma ( $\beta = .008$ ;  $p < 0.001$ ), with a 95% confidence interval (.003, .016), and no values containing zero. Similarly, the results revealed a significant indirect effect of social support on attitude towards seeking professional psychological help through self-stigma ( $\beta = .005$ ;  $p < 0.001$ ), with a 95% confidence interval (.001, .011), and no values containing zero. Furthermore, in the presence of the mediators, the direct influence of social support on attitude toward seeking professional psychological assistance has been shown to be significant ( $\beta = .073$ ,  $p < 0.001$ ). As a result, both social stigma and self-stigma mediated the relationship between social support and willingness to seek professional psychological help.

The findings additionally indicated an important indirect impact of mental health literacy on attitudes toward seeking professional psychological help via social stigma ( $\beta = .028$ ;  $p < 0.001$ ), with a 95% confidence interval (.010, .048) and no zero values. Similarly, there was a significant indirect effect of social support on self-stigma on attitude toward seeking professional psychological help ( $\beta = .0168$ ;  $p < 0.001$ ), with a 95% confidence interval (.005, .031) and no values containing zero. In addition, in the presence of the mediators, the direct impact of social support regarding attitude toward seeking professional mental healthcare was found to be significant ( $\beta = .153$ ,  $p < 0.001$ ). Consequently, both social stigma and self-stigma served as mediators between mental health literacy and the inclination to seek professional psychological assistance.

**Table 4***Mediation analysis summary*

Model	Relationship	Total Effect	Direct Effect	Indirect Effect	Lower Bound	Upper Bound
1	Social support ->social stigma->attitude	.0877 (0.000)	.0732 (0.000)	.0088	.0033	.0160
2	Social support ->self-stigma ->attitude			.0057	.0013	.0117
3	Mental health literacy->social stigma ->attitude	.1994 (0.000)	.1538 (0.000)	.0288	.0109	.0488
4	Mental health literacy ->self-stigma ->attitude			.0168	.0059	.0312

In summary, the study reveals that mental health literacy, social support, social stigma, and self-stigma all have direct effects on undergraduate students' attitudes toward seeking professional psychological help in Sichuan Province, China. Mental Health Literacy exhibits a weak positive direct influence, while social support has a moderate positive effect on these attitudes. Social stigma is negatively influenced by perceived social support and mental health literacy. Similarly, self-stigma is negatively impacted by social support and mental health literacy. Notably, self-stigma is strongly and positively influenced by social stigma.

Furthermore, social support exhibited a significant indirect influence on attitudes towards seeking professional psychological assistance through its effects on social stigma and self-stigma. Similarly, mental health literacy had a notable indirect impact on attitudes towards professional psychological help, primarily through its association with social stigma and self-stigma.

## Discussion

In light of the study's outcomes, mental health literacy and social support were identified as factors with direct and indirect effects on Chinese college students' attitudes toward seeking professional psychological assistance. This model offers a comprehensive perspective on the interrelationships among these variables within the study's population.

Study results reveal mental health literacy had a direct relationship with attitudes towards seeking professional psychological help. The results were in line with earlier studies in the field that the attitude toward seeking psychological help and one's level of mental health literacy were significantly and positively correlated (Doan et al., 2022; Jones, 2022; Tonsing, 2018). Similarly, Bonabi et al. (2016) found that using psychotherapy during the subsequent period is predicted by higher mental health literacy. These findings support the discovery that mental health literacy aids undergraduates in recognizing depression and anxiety signs, promoting attitude of help seeking (Cheng et al., 2018).

The study's results confirm that perceived social support positively influences attitudes toward seeking professional psychological help, consistent with a prior Chinese study on 1,055 medical students at Gannan Medical College showed that social support can positively predict medical college students' professional psychological help-seeking attitude (Huang et al., 2020). Previous research has emphasized the importance of perceived support from others in maintaining a positive mental state, identifying it to be an indicator that promotes mental well-being and acts as a buffer against psychological problems (Ferreira et al., 2020). This may be due to the influence of close family members, peers, or loved ones with a favorable attitude

toward seeking professional psychological assistance or as have prior psychotherapy background, as these interactions may lead students to develop more favorable attitudes (Roehrle & Strouse, 2008).

Moreover, results show that social stigma's positive influence on self-stigma aligns with previous research on attitude of help-seeking (Vogel et al., 2007). Individuals who view greater discrimination associated with seeking assistance from other parties also tend to have greater degrees of stigma against oneself (Yu et al., 2023).

Results of the current study showed that there was a direct negative relationship between mental health literacy and self-stigma and social stigma. In other words, the more people knew about mental health, the more they were willing to interact with someone with mental illness, which indicates lower perceived stigma (Jung et al., 2017). This could be attributed to evidence suggesting that increased mental health literacy aids in the prompt recognition of mental illnesses, leads to a decrease of discriminating against attitudes, and increased seeking assistance (Reavley & Jorm, 2011). This finding lines up with a study done in Korea by Kim et al. (2020), who proposed that improving mental health literacy may successfully decrease the discrimination associated with mental illness and advocate a more optimistic mindset toward seeking professional psychological support.

The findings additionally indicate that perceived social support has an immediate influence on social stigma and self-stigma (Kondrat et al., 2018). Stigma has the potential to limit someone's network of friends, resulting in decreased support from others, whereas social support, on the other hand, can mitigate internalized and perceived stigma (Birtel et al., 2017). Similarly results reported by Kim (2021), revealed that students who perceived greater social support tend to hold more favorable attitudes regarding social stigma and self-stigma.

### **Conclusion and Recommendations**

Indicate that undergraduate students in Sichuan tend to exhibit elevated levels of perceived social support and mental health literacy, alongside reduced self- and social stigma. However, it is worth noting that they suggest a less favorable attitude towards help seeking.

The results from the path analysis reveal that the attitudes of undergraduate students towards help seeking were directly impacted by mental health literacy, social support, self-stigma, and social stigma. Therefore, a program that emphasizes enhancing mental health awareness and promoting students to seek support from their social circles could potentially reduce stigma and foster a more positive attitude towards seeking help.

Growing social stigma intensifies self-stigma. Attitudes towards help seeking are influenced by social support and mental health literacy, affected by self- and social stigma. Increasing literacy and support lessen stigma, promoting help-seeking.

In practice, educational institutions can play an essential part in increasing mental wellness awareness and open dialogue. They can offer mental health courses, organize psychological competitions, and establish psychological associations. School educators should actively participate in activities that enhance their mental health literacy and connect with students, offering trust and support. Parents can serve as positive role models, improving their own mental health literacy and creating a warm and communicative family environment, thus boosting support for their children.

Overall, the study sheds light on how to foster favorable attitudes among undergraduate students in Sichuan.

### Limitations of the Study

This study, like any other research investigation, has some limitations. Firstly, the path model hypothesized relationships between predictor and mediator variables (Baron & Kenny, 1986). As a result, the path analysis used to test these relationships is correlational rather than experimental.

Second, the participants of this study were only college undergraduates. This limitation must be considered when interpreting the results, as additional subsections of the larger population may show significant variations. Additionally, in order to render the research achievable, the sample for this study was selected from only one region of China (Sichuan) and comprised a fairly small number of variables. As a result, caution is advised when considering their significance to other societies.

Furthermore, because each of the information was based on measures of self-report, there is the potential of self-reporting biases as well as the possibility of dishonest or inflated responses.

### Avenues for Future Research

Future research could include larger and more comprehensive sample groups, as well as more sophisticated sampling techniques (Jiang et al., 2021). Studies have concentrated mainly on community residents as well as students, with little research on other groups. Previous research has found that different intervention methods have different effects on various types of problems and target groups (Tay et al., 2018). Furthermore, men tend to be more hesitant than women in seeking psychological help, underscoring the need for comprehensive research into the factors behind this reluctance.

Researchers should create a scale that aligns with Chinese cultural norms and behaviors to assess attitudes of help seeking (Fang et al., 2019). Future research could be done using a qualitative approach to understand this phenomenon further or as a complementary approach.

Finally, further studies ought to investigate real acts of seeking help as well as other factors that may explain students' low desires to seek psychological assistance (Seyfi et al., 2013).

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