

# SOCIETAL STIGMA AND ITS EFFECT ON THE WILLINGNESS TO SEEK MENTAL HEALTH CARE: QUANTITATIVE EXPLORATION

## Original Article

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**Conflict of Interest:** None

**Grant Support & Financial Support:** None

**Acknowledgment:** The authors sincerely acknowledge the participants for their time and contribution to this study.

## ABSTRACT

**Background:** Mental health is increasingly recognized as a critical public health concern globally. However, despite rising awareness, many individuals do not seek professional help due to societal stigma. This stigma manifests as negative societal attitudes, stereotypes, and internalized shame, which collectively act as barriers to accessing mental health services, particularly in low- and middle-income countries where mental illness remains culturally stigmatized. Understanding how stigma affects help-seeking behavior is vital for developing effective mental health interventions.

**Objective:** This study aimed to examine the relationship between societal stigma and individuals' willingness to seek mental health services. It also explored demographic differences—particularly age, gender, and socioeconomic status—in the influence of stigma on help-seeking behavior.

**Methods:** A cross-sectional quantitative design was employed. A total of 300 adults aged 18 years and above were recruited via social media platforms and community groups. Data were collected using a structured, self-administered online questionnaire consisting of three sections: demographics, perceptions of societal stigma, and willingness to seek mental health services. Likert-scale questions assessed stigma-related attitudes and help-seeking intentions. Descriptive statistics summarized participant characteristics. Pearson's correlation assessed the relationship between stigma and help-seeking behavior, while multiple regression analysis identified predictors of willingness to seek care based on demographic variables.

**Results:** Of the 300 participants, 150 were male (50%) and 150 female (50%), with a mean age of 35.5 years (SD = 10.2). A significant negative correlation was found between societal stigma and willingness to seek mental health services ( $r = -0.42, p < 0.01$ ). Fear of judgment was cited by 75% of those unwilling to seek care. Regression analysis showed that younger individuals ( $\beta = 0.15, p < 0.01$ ), females ( $\beta = 0.18, p < 0.01$ ), and those with higher income levels were more likely to seek help. The model explained 18% of the variance in willingness to seek care ( $R^2 = 0.18, p < 0.01$ ).

**Conclusion:** The findings emphasize that societal stigma significantly hinders help-seeking behavior. Age, gender, and socioeconomic status further influence this relationship. Public health strategies and stigma-reduction policies are critical to promoting mental health service utilization.

**Keywords:** Attitude to Health, Demography, Health Behavior, Mental Disorders, Mental Health Services, Social Stigma, Treatment Refusal.

## INTRODUCTION

Mental health has increasingly gained recognition as a crucial component of overall well-being, both in public health discourse and social science research. Despite the growing global awareness surrounding mental health issues, a persistent and troubling gap remains between individuals experiencing psychological distress and those who actually seek professional support (1–3). This disparity highlights a significant public health concern, as untreated mental health conditions can lead to profound individual suffering, loss of productivity, and increased burden on healthcare systems. Among the many factors contributing to this gap, societal stigma continues to be one of the most pervasive and damaging barriers preventing individuals from accessing mental health care (4–6). Societal stigma encompasses the negative attitudes, stereotypes, and discriminatory beliefs held by the public towards those living with mental illness. These perceptions are not only external but are often internalized by individuals, manifesting as self-stigma, which can diminish self-worth and discourage help-seeking behavior (7,8). Individuals may come to view their mental health issues as personal failings or moral weaknesses, leading to shame, embarrassment, and fear of being judged or ostracized by society. These emotional responses can delay treatment, worsen clinical outcomes, or lead to a complete avoidance of mental health services, even in cases of severe distress (9,10).

The impact of stigma is especially pronounced in societies where mental illness is heavily stigmatized, such as in many South Asian cultures, including Pakistan. In these contexts, mental health conditions are often perceived as dishonorable, spiritual weaknesses, or something to be concealed, which further intensifies feelings of isolation and fear of social rejection (11,12). This culturally embedded stigma not only discourages individuals from seeking care but also influences how families, communities, and even healthcare providers perceive and respond to mental illness. Moreover, the influence of societal stigma is not uniform across populations. Research indicates that certain demographic groups—such as individuals from lower socioeconomic backgrounds, ethnic minorities, and younger or older age groups—may experience more intense or distinct forms of stigma due to intersecting cultural, economic, or generational factors (13,14). These disparities necessitate a more nuanced understanding of how stigma operates within diverse demographic contexts to effectively tailor interventions.

While international efforts to reduce stigma through awareness campaigns and educational initiatives have gained traction, the effectiveness of such programs remains variable, particularly when implemented without cultural sensitivity or a deep understanding of localized beliefs (15,16). Despite extensive literature on the consequences of stigma, there remains a notable gap in empirical research specifically examining how societal stigma directly influences individuals' behavior and willingness to seek mental health care across different demographic profiles. This study aims to address this gap by investigating the relationship between societal stigma and individuals' willingness to seek mental health services. Additionally, it explores how demographic factors—such as age, gender, and socioeconomic status—moderate this relationship. By examining these dynamics, the research seeks to contribute to the development of culturally competent strategies that reduce stigma and promote equitable access to mental health care.

## METHODS

This study adopted a cross-sectional survey design to investigate the association between societal stigma and individuals' willingness to seek mental health services. A quantitative approach was employed to gather structured, analyzable data reflecting both attitudes toward mental health and help-seeking behaviors. The survey was administered online to enhance accessibility and to ensure a geographically and demographically diverse participant pool. The target population comprised adults aged 18 years and older from the general population. Inclusion criteria required participants to be able to read and comprehend the survey language and to provide informed consent. Exclusion criteria included individuals under 18 years of age and those who self-reported any cognitive impairment that could interfere with their ability to complete the survey independently. Participants were recruited through multiple channels, including social media platforms, university mailing lists, and local community group forums. This multichannel recruitment strategy aimed to reduce selection bias and enhance the generalizability of the findings. A minimum sample size of 300 respondents was established based on statistical power analysis, which indicated that this sample would offer sufficient power (typically 0.80) to detect significant associations between key study variables while allowing subgroup analyses by demographics such as age, gender, and socioeconomic status (17).

Data collection was conducted using a self-administered structured questionnaire, which was divided into three key sections. The first section collected sociodemographic information, including age, gender, educational attainment, and socioeconomic indicators. The second section focused on perceived societal stigma, incorporating a series of Likert-scale items adapted from validated stigma-related scales used in mental health research. These items explored public perceptions of mental illness, anticipated social consequences of

help-seeking, and the extent to which participants perceived stigma within their communities. The third section measured participants' willingness to seek mental health services, also using Likert-scale items. These items assessed previous help-seeking behaviors, current intentions, and general attitudes toward utilizing professional psychological support. Prior to analysis, data were screened for completeness and consistency. Descriptive statistics were used to summarize the demographic characteristics and overall trends in responses. Inferential statistics, including Pearson's correlation coefficients and multiple linear regression analysis, were conducted to evaluate the strength and direction of the relationship between societal stigma and willingness to seek mental health services. Demographic variables were also entered as covariates to identify potential moderating effects on the primary relationship under investigation. Ethical approval for this study was obtained from the institutional ethical review board. All participants provided informed consent electronically before beginning the survey, and confidentiality was strictly maintained throughout the data collection and analysis process.

RESULTS

The study analyzed responses from a total of 300 participants, comprising 150 males (50%) and 150 females (50%), with age ranging from 18 to 65 years (mean = 35.5 years, SD = 10.2). Regarding education, 35% had completed high school, 45% held a university degree, and 20% had postgraduate qualifications. Socioeconomic status was categorized into three income groups: 30% reported earnings below PKR 25,000, 50% earned between PKR 25,000 and 50,000, and 20% earned above PKR 50,000. Age distribution was as follows: 30% aged 18–25, 33.3% aged 26–35, 20% aged 36–45, and 16.7% aged 46 and above. Descriptive analysis of societal stigma perceptions revealed that participants reported moderately high levels of perceived stigma, with an overall mean score of 3.8 out of 5 (SD = 1.2) on the stigma scale. Specifically, 65% of participants agreed or strongly agreed that people with mental health issues are often perceived as weak or unstable. Similarly, 58% expressed fear of being judged if they sought help for mental health problems. Approximately 62.5% believed that mental health issues were heavily stigmatized in their society, and 58% felt that seeking mental health care was considered a sign of weakness in their community.

In assessing participants' willingness to seek professional mental health services, 25% reported being very willing, while 30% were somewhat willing. Fifteen percent remained neutral, and a combined 30% reported being somewhat or very unwilling to seek help. Among those unwilling, the most frequently reported barriers were fear of social stigma (75%), lack of knowledge regarding available services (45%), and concerns about treatment costs (35%). Pearson's correlation analysis demonstrated a statistically significant moderate negative correlation between perceived societal stigma and willingness to seek mental health services ( $r = -0.42, p < 0.01$ ), indicating that higher perceived stigma was associated with reduced willingness to pursue care. To further explore these associations, multiple regression analysis was conducted with age, gender, and perceived stigma as predictors. The regression model was statistically significant ( $R^2 = 0.18, p < 0.01$ ), explaining 18% of the variance in willingness to seek mental health care. Gender and age were significant predictors: females ( $\beta = 0.18, p < 0.01$ ) and younger individuals aged 18–35 ( $\beta = 0.15, p < 0.01$ ) were more likely to report willingness to seek help. Perceived societal stigma remained a strong negative predictor ( $\beta = -0.42, p < 0.01$ ).

Table 1: Demographic Characteristics of Participants

Demographic Variable	Frequency (%)
Gender	
Male	150 (50%)
Female	150 (50%)
Age	
18-25	90 (30%)
26-35	100 (33.3%)
36-45	60 (20%)
46+	50 (16.7%)
Education Level	
High School	105 (35%)
University Degree	135 (45%)
Postgraduate	60 (20%)

Demographic Variable	Frequency (%)
Socioeconomic Status	
<25,000	90 (30%)
25,000 - 50,000	150 (50%)
>50,000	60 (20%)

**Table 2: Perceptions of Societal Stigma Toward Mental Health**

Statement	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)
Mental health issues are heavily stigmatized in society	22.5%	42.5%	25%	7.5%	2.5%
People with mental health issues are often seen as weak	20%	45%	25%	7.5%	2.5%
I would fear being judged if I sought mental health care	30%	28%	22%	15%	5%
Mental health care is considered a weakness in my community	18%	40%	30%	9%	3%

**Table 3: Willingness to Seek Mental Health Services**

Willingness to Seek Mental Health Care	Percentage
Very Willing	25%
Somewhat Willing	30%
Neutral	15%
Somewhat Unwilling	20%
Very Unwilling	10%

**Table 4: Regression Analysis: Predictors of Willingness to Seek Mental Health Services**

Predictor	B	SE B	$\beta$	t	p-value
Age (18-35 vs. 36+)	0.28	0.09	0.15	3.11	<0.01
Gender (Male vs. Female)	0.32	0.08	0.18	4.00	<0.01
Perceived Stigma	-0.25	0.06	-0.42	-4.08	<0.01

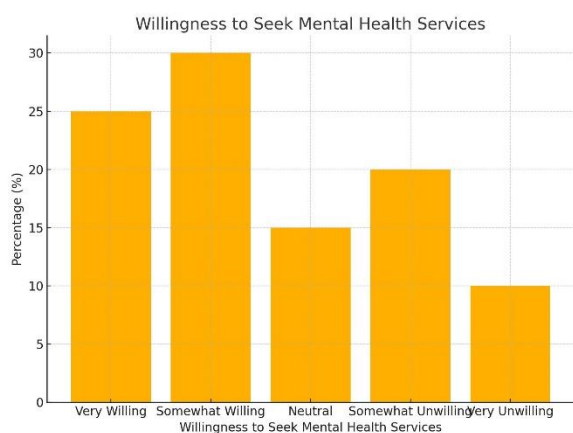


Figure 1 Willingness to Seek Mental Health Services

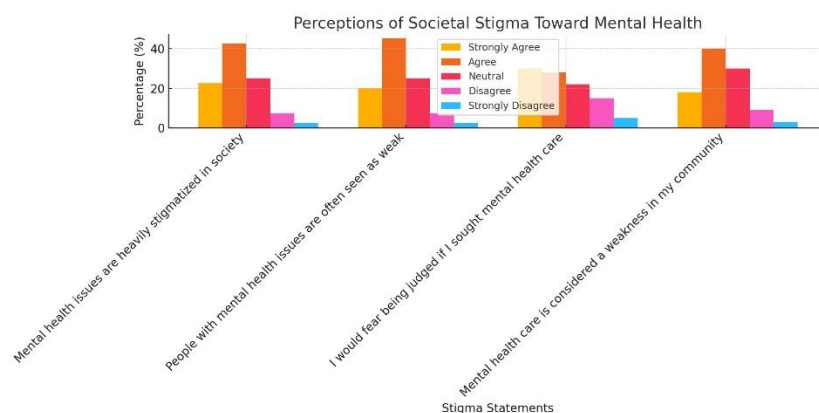


Figure 2 Perception of Societal Stigma Towards Mental Health

## DISCUSSION

The findings of this study highlight the substantial influence of societal stigma on individuals' willingness to seek mental health services. The observed moderate negative correlation ( $r = -0.42$ ,  $p < 0.01$ ) reinforces earlier evidence that stigma remains a critical barrier to mental health service utilization, particularly in societies where mental illness is perceived through a lens of personal weakness or instability (18). A considerable proportion of participants in the present study endorsed beliefs that seeking mental health care could lead to social judgment, which reflects long-standing public misconceptions that mental illness signifies moral or character failure. This perception, coupled with the fear of being labeled as "weak" or "unstable," contributes significantly to avoidance behaviors and delays in help-seeking (19,20). Despite increasing mental health literacy globally, nearly half of the participants either expressed uncertainty or reluctance toward seeking psychological support. This hesitation was strongly linked to concerns about stigma, with 75% of the unwilling subgroup specifically citing fear of social judgment. These findings are congruent with prior research that identified stigma as a deeply entrenched societal obstacle, particularly in conservative or collectivist cultures where communal opinion often outweighs individual health priorities (21,22). In such environments, public stigma not only deters individuals from seeking care but may also be internalized, leading to self-stigmatization and further deterioration of mental well-being.

Demographic analysis revealed that age and gender significantly influenced willingness to seek mental health services. Younger individuals and females showed greater openness to seeking professional support, a trend increasingly observed in recent mental health research. These generational differences may be attributed to shifting societal norms and greater exposure to awareness campaigns that destigmatize mental health issues among younger populations (23,24). In contrast, older adults may adhere more strongly to traditional beliefs, wherein mental illness is either minimized or perceived as a private matter, thereby perpetuating silence and neglect. A notable strength of this study lies in its inclusion of a diverse and demographically balanced sample, which enhanced the generalizability of its findings. By capturing perspectives across varying age groups, education levels, and income brackets, the research provided a layered understanding of how stigma intersects with social determinants. Moreover, the use of validated quantitative instruments allowed for objective measurement of both stigma perception and help-seeking behavior, facilitating robust statistical analysis.

However, the study was not without limitations. Its cross-sectional design precluded the establishment of causal relationships, limiting interpretations to associations only. Additionally, the reliance on self-reported data introduced the possibility of social desirability bias, especially considering the sensitive nature of the topic. Participants may have underreported stigma-related beliefs or overstated their willingness to seek help in an attempt to align with socially acceptable responses. Furthermore, cultural and ethnic dimensions of stigma were not explicitly examined, which may have obscured important nuances in help-seeking behavior among subgroups. The implications of these findings underscore the need for multifaceted stigma-reduction interventions. Public health strategies should not only raise awareness but also directly challenge the stereotypes and misconceptions that fuel stigma. Culturally tailored education campaigns, integration of mental health discourse into school and community settings, and promotion of open conversations in media can be effective components of these efforts. At a policy level, investment in accessible, affordable mental health care remains essential to reducing structural barriers. Future research would benefit from employing longitudinal designs to assess changes in stigma perceptions and help-seeking behavior over time. Additionally, qualitative approaches could provide deeper insight into the subjective experiences of stigma and its emotional, social, and behavioral consequences. Exploring intersectional factors—such as ethnicity, religion, and rural-urban divide—could further enrich understanding and contribute to more inclusive mental health policies and programs. Despite its limitations, this study adds valuable evidence to the growing literature that emphasizes the enduring impact of stigma and highlights the urgency of addressing it as a core component of mental health reform.

## CONCLUSION

This study concludes that societal stigma remains a critical barrier to mental health service utilization, significantly shaping individuals' willingness to seek care. The findings underscore the importance of addressing stigma not only at the societal level but also across demographic lines, as factors such as age and gender were shown to influence help-seeking behavior. By highlighting these dynamics, the research reinforces the urgent need for targeted public education, culturally sensitive outreach, and supportive policies that normalize mental health care and empower individuals to seek the support they need without fear of judgment.



## AUTHOR CONTRIBUTION

Author	Contribution
Abdul Razzaque Nohri*	Substantial Contribution to study design, analysis, acquisition of Data Manuscript Writing Has given Final Approval of the version to be published
Syed Mahnoor Shah	Substantial Contribution to study design, acquisition and interpretation of Data Critical Review and Manuscript Writing Has given Final Approval of the version to be published
Anzar Latif	Substantial Contribution to acquisition and interpretation of Data Has given Final Approval of the version to be published
Hira Lanjar	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Kanchan	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Hina Qasim Memon	Substantial Contribution to study design and Data Analysis Has given Final Approval of the version to be published

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