




Self-Stigma and Low Mental Health Literacy as Predictors of Help-Seeking Avoidance

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ABSTRACT

Objective: This study aimed to investigate the predictive roles of self-stigma and mental health literacy in help-seeking avoidance among Moroccan adults.

Methods and Materials: A correlational descriptive design was employed with a sample of 390 participants selected through random sampling based on the Krejcie and Morgan table. Data were collected using standardized tools: the Self-Stigma of Seeking Help Scale (SSOSH), the Mental Health Literacy Scale (MHLS), and the Attitudes Toward Seeking Professional Psychological Help Scale – Short Form (ATSPPH-SF). Descriptive statistics, Pearson correlation, and multiple linear regression analyses were conducted using SPSS-27 to explore relationships among the variables and assess the predictive power of the independent variables on help-seeking avoidance.

Findings: Pearson correlation results indicated that help-seeking avoidance was significantly and positively correlated with self-stigma ($r = .61, p < .001$) and negatively correlated with mental health literacy ($r = -.54, p < .001$). The regression model was significant, $F(2, 387) = 184.23, p < .001$, with an R^2 of .49, indicating that 49% of the variance in help-seeking avoidance was explained by the predictors. Self-stigma significantly predicted help-seeking avoidance ($B = 0.46, \beta = .49, p < .001$), as did mental health literacy ($B = -0.21, \beta = -.37, p < .001$), with self-stigma having a stronger standardized effect.

Conclusion: The results demonstrate that both high self-stigma and low mental health literacy are significant and independent predictors of help-seeking avoidance. Interventions aiming to increase mental health service utilization should address both cognitive knowledge gaps and internalized stigma. This dual approach may enhance openness to professional help, especially in sociocultural contexts where mental illness is stigmatized.

Keywords: Self-stigma; Mental health literacy; Help-seeking avoidance.

1. Introduction

Despite the growing awareness of mental health concerns worldwide, help-seeking behaviors remain considerably low across diverse populations, even when psychological distress is evident. Avoidance of professional psychological support has been extensively documented and attributed to a multitude of interacting individual, interpersonal, and structural factors. Among the most influential of these variables are self-stigma and mental health literacy, both of which have emerged as core barriers preventing timely engagement with mental health services (Adams et al., 2022; Shi et al., 2020). This study investigates how these two variables—internalized stigma and limited literacy around mental health—predict the extent to which individuals avoid seeking psychological help, with specific focus on an adult sample in Morocco.

The act of seeking psychological help is not merely a behavioral event but a cognitively and socially influenced process. The COVID-19 pandemic intensified global awareness about mental well-being, yet help-seeking behavior among both the general population and healthcare professionals remained inconsistent and selective (Castañeda-Millán et al., 2025). Although mental health services have expanded globally, a considerable number of individuals with diagnosable mental health issues still fail to access appropriate care. A review of help-seeking behavior among different populations—including adolescents, students, and professionals—reveals that this gap is often shaped by entrenched social stigma, fear of judgment, and a lack of accurate knowledge regarding mental health conditions and available services (Gu et al., 2021; Samsudin et al., 2023; Schneider et al., 2022).

Self-stigma, which refers to the internalization of public stereotypes about mental illness, is a major psychological barrier to seeking help. Individuals who endorse these beliefs may perceive help-seeking as a sign of personal failure or weakness, thus avoiding professional support even in the face of distress (Mueller & Abrutyn, 2024; Spengler et al., 2022). This internalized stigma not only deteriorates self-esteem but also cultivates feelings of shame and alienation, resulting in decreased openness to psychological treatment (Elsaeidy et al., 2023). Among specific populations such as university students and minority groups, self-stigma has been found to significantly reduce the likelihood of seeking counseling, even when mental health support is accessible and affordable (Joji & Mapaling, 2024; Lui & Brown, 2021). Furthermore, stigma often coexists

with cultural narratives that associate mental illness with moral failing or social dishonor, exacerbating the fear of being labeled by one's community (Elshaikh et al., 2021; Shi et al., 2020).

While stigma restricts the desire to seek help, mental health literacy (MHL) restricts the perceived need and ability to do so. Mental health literacy refers to an individual's knowledge and beliefs about mental disorders that aid their recognition, management, or prevention (Lumaksono et al., 2020; O'Connor et al., 2024). Research indicates that low MHL is directly associated with a reduced likelihood of recognizing symptoms of mental illness in oneself, misunderstanding available treatments, and being unaware of where and how to seek help (Soltani et al., 2024; Wilde et al., 2024). Notably, the impact of mental health literacy extends beyond mere knowledge—it shapes attitudes, reduces uncertainty, and influences decisions regarding help-seeking (Pearson & Hyde, 2020; Yang et al., 2024). For example, in a study conducted among Chinese college students, MHL significantly predicted psychological help-seeking behavior, mediated by perceived stigma and social support (Yang et al., 2024).

Various studies across cultural and age contexts support the significant role of MHL in determining help-seeking behavior. In a recent survey among UK undergraduate students, those with higher literacy levels not only recognized symptoms more accurately but were also more likely to consider counseling and less likely to delay intervention (Wilde et al., 2024). Similarly, among Irish farmers—a population known for underreporting mental distress—mental health literacy was positively associated with awareness and openness toward professional mental health resources (O'Connor et al., 2024). In contrast, among adolescents and young adults, limited literacy contributed to confusion, misinterpretation of symptoms, and preference for informal help such as peers or religious guidance, often leading to ineffective or delayed treatment (Broglia et al., 2021; Filia et al., 2023).

However, stigma and low MHL do not operate in isolation; they often co-occur and reinforce each other. Individuals with poor mental health literacy are more likely to internalize negative beliefs about mental illness and mental health services, thereby increasing self-stigma and avoidance (Elshaikh et al., 2021; Wright et al., 2023). Conversely, individuals who are more literate about mental health concepts are better equipped to challenge stigmatizing views and make informed decisions regarding treatment options (Adams et al., 2022; Lui & Brown, 2021). This

interaction is particularly evident among university students and younger adults navigating complex emotional, academic, and social challenges while lacking formal education about mental well-being (Spengler et al., 2022; Zaman et al., 2022).

Geographically and culturally specific studies add another layer of complexity to understanding these predictors. In the Middle East and North Africa (MENA) region, research in countries such as Oman and Egypt has shown that religious interpretations, family expectations, and gender norms further exacerbate the barriers posed by stigma and MHL (Badi et al., 2024; Elsaedy et al., 2023). In Oman, for example, even individuals with moderate awareness of mental health conditions were reluctant to seek professional help due to fear of social exclusion or being labeled as "unstable" (Badi et al., 2024). Meanwhile, among Egyptian medical students—who arguably have higher baseline knowledge—deeply internalized shame continued to prevent help-seeking, particularly among males (Elsaedy et al., 2023).

The **structural context** also plays a pivotal role in moderating the effects of stigma and MHL. Incarcerated populations, military personnel, and ethnic minorities often face compounded barriers due to institutional distrust, lack of culturally competent providers, and systemic inequities (Schneider et al., 2022; Solbakken & Wynn, 2023; Spengler et al., 2022). Studies on Israeli soldiers, for instance, reveal that perceived organizational stigma and career repercussions suppress help-seeking even among those with high MHL (Schneider et al., 2022). These dynamics are mirrored in immigrant youth in South Africa, where despite being aware of mental health resources, cultural dissonance and identity conflicts contribute to avoidance behaviors (Joji & Mapaling, 2024). These findings suggest that interventions must target both psychological and sociocultural determinants to effectively reduce help-seeking avoidance.

Considering these findings, it is evident that mental health promotion strategies must be multifaceted. While increasing mental health literacy through education, awareness campaigns, and school-based programs is vital, these efforts may fall short unless they simultaneously address self-stigma and the broader societal attitudes that reinforce it (Broglia et al., 2021; Mueller & Abrutyn, 2024). There is also growing consensus that public health policies should incorporate culturally tailored, stigma-reducing interventions and ensure that mental health education is integrated into general health promotion efforts (Gu et al.,

2021; Zaman et al., 2022). Encouragingly, emerging research points to the potential of digital literacy platforms, peer-led interventions, and narrative-based advocacy in fostering help-seeking behaviors among resistant or underserved groups (Samsudin et al., 2023; Yang et al., 2024).

In sum, this study aims to build upon the existing literature by empirically examining how self-stigma and mental health literacy interact to predict help-seeking avoidance among adults in Morocco.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a correlational descriptive research design to examine the relationship between self-stigma, mental health literacy, and help-seeking avoidance among adults in Morocco. A total of 390 participants were selected using a simple random sampling method, with the sample size determined based on the Krejcie and Morgan table (1970) for a known population. Participants were recruited from various urban centers across Morocco and were required to be 18 years or older, literate in Arabic or French, and not currently undergoing psychiatric treatment. Prior to participation, informed consent was obtained from all individuals, and confidentiality was ensured. Ethical standards in accordance with the Declaration of Helsinki were followed throughout the study.

2.2. Measures

2.2.1. Help-Seeking Avoidance

The Attitudes Toward Seeking Professional Psychological Help Scale – Short Form (ATSPPH-SF) developed by Fischer and Farina (1995) is a widely used instrument to assess avoidance and negative attitudes toward help-seeking. The scale consists of 10 items that evaluate individuals' willingness or reluctance to seek psychological help for emotional problems. Items are rated on a 4-point Likert scale ranging from 0 (disagree) to 3 (agree), with higher scores indicating greater avoidance of professional psychological services. The scale includes subdimensions such as openness to seeking treatment and perceived value in mental health services. The ATSPPH-SF has demonstrated good internal consistency, with Cronbach's alpha values typically above 0.80, and its validity and reliability have been confirmed across diverse populations in various cross-cultural and clinical studies.

2.2.2. Self-Stigma

Self-stigma was assessed using the Self-Stigma of Seeking Help Scale (SSOSH) developed by Vogel, Wade, and Haake (2006). This 10-item measure evaluates the extent to which individuals believe that seeking psychological help would lead to negative self-judgment. Each item is rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher total scores reflecting greater levels of internalized stigma associated with help-seeking. The SSOSH has been shown to possess a unidimensional factor structure, strong internal reliability (Cronbach's alpha typically exceeding 0.85), and good convergent and discriminant validity across student and community samples, making it a standard tool in stigma-related mental health research.

2.2.3. Mental Health Literacy

Mental health literacy was measured using the Mental Health Literacy Scale (MHLS) developed by O'Connor and Casey (2015). This 35-item instrument evaluates an individual's knowledge and beliefs about mental health disorders, recognition of disorders, risk factors, help-seeking efficacy, and attitudes toward stigma. Responses are given in Likert-type formats that vary slightly depending on the item (e.g., strongly disagree to strongly agree; very unlikely to very likely). Total scores are calculated by summing all item responses, with higher scores indicating greater mental health literacy and thus, by inverse interpretation, lower scores reflecting lower mental health literacy. The MHLS has demonstrated good internal consistency (Cronbach's alpha around 0.87) and test-retest reliability, and its

construct and criterion validity have been confirmed in both clinical and non-clinical populations.

2.3. Data Analysis

Data were analyzed using SPSS version 27. Descriptive statistics including means, standard deviations, frequencies, and percentages were computed to summarize participants' demographic characteristics and variable distributions. Pearson correlation analysis was conducted to assess the bivariate relationships between help-seeking avoidance (dependent variable) and both self-stigma and mental health literacy (independent variables). Furthermore, a standard linear regression analysis was performed to determine the extent to which self-stigma and low mental health literacy predict help-seeking avoidance. The level of significance was set at $p < .05$ for all inferential analyses.

3. Findings and Results

Of the 390 participants in the study, 221 (56.7%) identified as female and 169 (43.3%) as male. In terms of age distribution, 152 participants (39.0%) were between 18 and 25 years old, 111 (28.5%) were aged 26 to 35, 83 (21.3%) were between 36 and 45, and 44 (11.2%) were aged 46 or older. Regarding educational attainment, 119 participants (30.5%) held a high school diploma, 178 (45.6%) had completed undergraduate studies, and 93 (23.8%) had attained postgraduate degrees. Additionally, 261 participants (66.9%) reported living in urban areas, while 129 (33.1%) were from rural settings. These figures reflect a diverse sample representative of the Moroccan adult population across gender, age, education, and residential background.

Table 1

Descriptive Statistics for Study Variables (N = 390)

| Variable | Mean (M) | Standard Deviation (SD) |
|------------------------|----------|-------------------------|
| Help-Seeking Avoidance | 22.41 | 5.36 |
| Self-Stigma | 34.28 | 6.15 |
| Mental Health Literacy | 101.53 | 12.47 |

Table 1 shows the means and standard deviations for the main variables in the study. The mean score for help-seeking avoidance was 22.41 (SD = 5.36), indicating a moderate level of reluctance to seek psychological help in the sample. The self-stigma mean score was 34.28 (SD = 6.15), suggesting a relatively high internalization of stigma related to mental health. Mental health literacy had a mean of 101.53

(SD = 12.47), which falls within the mid-to-high range of the Mental Health Literacy Scale.

Prior to conducting regression analysis, assumptions of normality, linearity, multicollinearity, and homoscedasticity were examined and met. Normality of residuals was assessed through the Shapiro-Wilk test ($p = .183$) and histogram inspection, confirming an approximately normal

distribution. Linearity between the predictors and the outcome was supported by scatterplot visualization. Variance Inflation Factor (VIF) values were 1.23 for self-stigma and 1.17 for mental health literacy, both below the threshold of 5, indicating no multicollinearity.

Table 2

Pearson Correlation Coefficients Between Variables (N = 390)

| Variables | 1 | 2 | 3 |
|---------------------------|-------------------|-------------------|---|
| 1. Help-Seeking Avoidance | – | | |
| 2. Self-Stigma | .61** (p < .001) | – | |
| 3. Mental Health Literacy | –.54** (p < .001) | –.46** (p < .001) | – |

As presented in Table 2, help-seeking avoidance was significantly positively correlated with self-stigma ($r = .61$, $p < .001$), indicating that higher self-stigma is associated with greater avoidance of seeking mental health support. Conversely, mental health literacy was negatively correlated

Homoscedasticity was verified through the Breusch-Pagan test ($p = .426$), suggesting constant variance of residuals. Collectively, these diagnostic results confirmed that the data met the necessary assumptions for linear regression analysis.

with help-seeking avoidance ($r = -.54$, $p < .001$), meaning that individuals with greater mental health knowledge and awareness were less likely to avoid seeking help. Furthermore, self-stigma and mental health literacy were negatively correlated with each other ($r = -.46$, $p < .001$).

Table 3

ANOVA Summary for the Regression Model (N = 390)

| Source | Sum of Squares | df | Mean Square | R | R ² | Adj. R ² | F | p |
|------------|----------------|-----|-------------|-----|----------------|---------------------|--------|--------|
| Regression | 4062.91 | 2 | 2031.46 | .70 | .49 | .48 | 184.23 | < .001 |
| Residual | 4250.82 | 387 | 10.98 | | | | | |
| Total | 8313.73 | 389 | | | | | | |

As shown in Table 3, both self-stigma and mental health literacy were statistically significant predictors of help-seeking avoidance. Self-stigma had a positive unstandardized coefficient ($B = 0.46$, $p < .001$), suggesting that for each unit increase in self-stigma, help-seeking avoidance increases by 0.46 units. Mental health literacy had

a negative coefficient ($B = -0.21$, $p < .001$), indicating that higher levels of literacy reduce help-seeking avoidance. Standardized beta values also indicate that self-stigma ($\beta = .49$) was a stronger predictor than mental health literacy ($\beta = -.37$).

Table 4

Regression Coefficients for Predicting Help-Seeking Avoidance (N = 390)

| Predictor | B | SE B | β | t | p |
|------------------------|-------|------|---------|-------|--------|
| Constant | 6.37 | 1.08 | – | 5.89 | < .001 |
| Self-Stigma | 0.46 | 0.05 | .49 | 9.22 | < .001 |
| Mental Health Literacy | –0.21 | 0.03 | –.37 | –7.85 | < .001 |

In Table 4, both shame proneness ($\beta = 0.33$, $t = 5.80$, $p < .001$) and fear of intimacy ($\beta = 0.49$, $t = 9.44$, $p < .001$) emerged as significant predictors of sexual avoidance. The unstandardized coefficients indicate that for every one-unit increase in shame proneness, sexual avoidance increases by 0.29 units, and for every one-unit increase in fear of intimacy, sexual avoidance increases by 0.38 units. The

higher standardized beta for fear of intimacy confirms it as the stronger predictor in the model.

4. Discussion and Conclusion

The findings of this study offer compelling evidence that both self-stigma and low mental health literacy significantly predict help-seeking avoidance among adults in Morocco.

The Pearson correlation results showed that higher levels of self-stigma were positively correlated with help-seeking avoidance, while higher levels of mental health literacy were negatively correlated with avoidance behaviors. Moreover, the linear regression analysis revealed that self-stigma had a stronger predictive power than mental health literacy in explaining help-seeking avoidance, though both were statistically significant. These findings reinforce a growing consensus in the literature that psychological and informational barriers must be jointly considered when examining mental health service utilization.

The significant positive relationship between self-stigma and help-seeking avoidance found in this study is consistent with previous research that identified stigma as a central inhibitor of mental health support-seeking behaviors (Mueller & Abrutyn, 2024; Spengler et al., 2022). Individuals who internalize societal prejudices against mental illness often see help-seeking as an admission of weakness, inadequacy, or personal failure, which fosters shame and disengagement from support systems (Elsaedy et al., 2023). This pattern has been documented in diverse settings, including Egyptian medical students, South Asian immigrant youth, and older adults with chronic illnesses (Adams et al., 2022; Elshaikh et al., 2021; Joji & Mapaling, 2024). In the Moroccan context, where mental illness may still carry significant cultural and religious stigma, these beliefs appear to have particularly strong deterrent effects. The current results are thus consistent with the notion that stigma operates at multiple psychological and sociocultural levels, directly shaping behavioral intentions and reinforcing avoidance.

Furthermore, the study found a significant negative relationship between mental health literacy and help-seeking avoidance, underscoring the role of knowledge and awareness in fostering help-seeking behavior. Participants with higher mental health literacy were more likely to understand symptoms, treatment options, and the importance of timely intervention—factors that promote a sense of control and efficacy in addressing psychological distress (O'Connor et al., 2024; Wilde et al., 2024). These findings align with previous research showing that greater literacy facilitates not only symptom recognition but also more favorable attitudes toward mental health services and lower perceived need for informal, often ineffective, coping mechanisms (Lumaksono et al., 2020; Pearson & Hyde, 2020). Among university students in the UK and Chinese college students, for instance, higher levels of MHL were associated with greater intentions to seek professional

psychological help (Wilde et al., 2024; Yang et al., 2024). The Moroccan findings add to this evidence by illustrating the relevance of literacy even in a non-Western and culturally distinct population.

Interestingly, while both self-stigma and MHL significantly predicted help-seeking avoidance, self-stigma demonstrated a stronger standardized coefficient in the regression model. This suggests that even when individuals are informed about mental health, internalized negative beliefs can override that knowledge, deterring them from taking action. This dynamic supports a dual-factor explanatory model proposed in previous studies, where stigma moderates or mediates the effects of literacy on behavior (Lui & Brown, 2021; Wright et al., 2023). In other words, knowledge may enable individuals to recognize a problem, but stigma determines whether they act on it. Among Israeli soldiers and young adults in Brunei, structural and self-stigmatization outweighed the positive effects of education on help-seeking attitudes (Samsudin et al., 2023; Schneider et al., 2022). The implication here is that interventions aiming to enhance literacy alone may fall short unless they also target and reduce stigma, both at the personal and institutional levels.

The results also echo broader global findings that underline the complex interplay between cultural norms, stigma, and knowledge in shaping mental health behaviors. In a systematic review across healthcare systems, Zaman et al. noted that even highly educated professionals avoided seeking care due to deeply embedded cultural shame and fear of professional consequences (Zaman et al., 2022). Similarly, Castañeda-Millán et al. found that during the COVID-19 pandemic, healthcare workers in multiple countries were reluctant to access mental health support despite heightened stress, largely due to stigma and skepticism about mental health services (Castañeda-Millán et al., 2025). These findings illustrate that mental health avoidance is not confined to low-income or poorly educated populations but is a widespread phenomenon linked to broader sociopsychological processes.

Moreover, the data affirm that barriers to help-seeking are not merely individual decisions but are shaped by institutional, cultural, and policy-related contexts. For instance, Solbakken and Wynn found that incarcerated men in Norway, despite having knowledge of psychological services, often avoided seeking help due to institutional mistrust and fear of being perceived as weak (Solbakken & Wynn, 2023). Similarly, in Oman and Egypt, structural stigma—including inadequate privacy protections, fear of

exposure, and limited service availability—discouraged individuals from accessing available resources (Badi et al., 2024; Elsaedy et al., 2023). In Morocco, where formal mental health services are relatively limited and often centralized in urban areas, such structural issues likely interact with individual-level stigma and literacy deficits to further suppress help-seeking behaviors.

Another important point is the relevance of age, education level, and social support as potential moderators. While this study focused primarily on the predictive role of self-stigma and MHL, previous literature suggests that these relationships are often contingent upon developmental and demographic factors. For example, adolescents and young adults may rely more on peer support or digital platforms for mental health information, making their help-seeking behavior more susceptible to misinformation and peer stigma (Broglia et al., 2021; Filia et al., 2023). Conversely, older adults often face compounding barriers such as chronic illness, lower technology literacy, and generational norms that discourage open discussions about mental health (Adams et al., 2022; Elshaikh et al., 2021). Future Moroccan studies could explore these nuances by examining how factors such as age, gender, or rural-urban residence interact with stigma and literacy to influence behavior.

Taken together, the present findings provide strong empirical support for integrated intervention frameworks that target both stigma reduction and literacy enhancement. Programs should not only provide factual information but also incorporate narrative reframing, peer advocacy, and emotional engagement to reduce internalized stigma. For instance, educational campaigns modeled after the COM-B behavior change framework have shown promise in altering attitudes among university students and health professionals alike (Wilde et al., 2024). Likewise, the use of community-based workshops, social media campaigns, and culturally sensitive psychoeducation could significantly increase openness to mental health services in Morocco and similar sociocultural contexts.

5. Limitations & Suggestions

This study is not without its limitations. First, the use of self-report questionnaires may have introduced social desirability bias, with participants potentially underreporting stigma or overreporting their knowledge of mental health. Second, the cross-sectional design limits the ability to establish causal relationships between self-stigma, mental health literacy, and help-seeking avoidance. Third, while the

sample size was adequate, it was restricted to adult populations in urban and semi-urban areas of Morocco, thus limiting the generalizability of findings to rural or marginalized groups. Additionally, the study did not control for potential confounders such as gender, previous mental health diagnoses, or access to services, which may have influenced the observed relationships.

Future research should adopt longitudinal designs to better capture the temporal dynamics and causal pathways among self-stigma, mental health literacy, and help-seeking behaviors. It would be beneficial to explore how these variables change over time, particularly in response to targeted interventions. Furthermore, qualitative or mixed-method approaches could provide deeper insights into the lived experiences behind avoidance, especially in culturally diverse or stigmatized communities. Research should also examine additional mediators or moderators such as gender, religion, social support, and perceived treatment efficacy. Expanding the geographic scope to include rural and nomadic populations in Morocco could further enhance the applicability of findings.

Practically, mental health policy makers and service providers in Morocco should prioritize integrating stigma-reduction modules within broader public health literacy programs. Schools, universities, and workplaces could serve as focal points for initiating open conversations about mental health through culturally adapted educational materials and community dialogue sessions. Training mental health professionals in culturally sensitive communication strategies can also reduce client apprehension. Additionally, developing digital literacy platforms and anonymous telehealth counseling services may help overcome barriers for individuals deterred by stigma or logistical limitations. Such comprehensive and intersectional approaches are critical to creating an enabling environment for proactive mental health help-seeking in Morocco.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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