

Exploring the Underlying Factors Influencing Help-Seeking Avoidance Among University Students

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ABSTRACT

Objective: This study aimed to explore the underlying psychological, cultural, institutional, and cognitive factors that contribute to help-seeking avoidance among university students.

Methods and Materials: Using a qualitative phenomenological design, semi-structured interviews were conducted with 29 university students from various institutions across Hungary. Participants were recruited through purposive sampling, and interviews continued until theoretical saturation was achieved. The interviews focused on students' personal experiences and perceptions regarding barriers to academic or psychological help-seeking. Data were transcribed verbatim and analyzed using thematic analysis supported by NVivo software. Codes and themes were inductively derived through a six-phase process involving open coding, theme development, and analytic memoing to ensure trustworthiness and rigor.

Findings: Four major themes emerged: (1) Perceived Social and Cultural Barriers, including stigma, family norms, and peer group expectations; (2) Emotional and Psychological Factors, such as fear of vulnerability, self-stigma, emotional suppression, and trust deficits; (3) Institutional and Structural Constraints, including limited access, confidentiality concerns, and inadequate outreach; and (4) Personal Beliefs and Cognitive Barriers, such as belief in self-reliance, minimization of distress, and skepticism about help effectiveness. Participants consistently described a complex interplay of internalized attitudes, environmental cues, and cultural narratives that reinforced avoidance behaviors. Several students cited prior negative experiences and mistrust in university services as key deterrents.

Conclusion: To address these issues effectively, universities must implement culturally sensitive, accessible, and stigma-reducing mental health strategies that reshape peer norms and institutional practices.

Keywords: *Help-seeking avoidance; university students; mental health; stigma.*

1. Introduction

Help-seeking behaviors among university students have become a focal point of mental health discourse in higher education, as increasing numbers of students report psychological distress while simultaneously avoiding formal support systems. Despite the expansion of university counseling centers and mental health initiatives, there remains a substantial gap between students' mental health needs and their actual utilization of available services. This phenomenon, referred to as *help-seeking avoidance*, has emerged as a multifaceted challenge shaped by psychological, cultural, structural, and interpersonal factors (Tan et al., 2020; Wani, 2025). Understanding the barriers that prevent students from engaging with support systems is critical for developing effective interventions and fostering inclusive, psychologically safe academic environments (Sithaldeen et al., 2025).

Research over the past two decades has illuminated the persistent reluctance among university students to seek help for mental health issues, even when experiencing significant symptoms. Studies reveal that this avoidance is often underpinned by perceived stigma, fear of judgment, self-reliance ideologies, and concerns over confidentiality (Bamine & Tanaka, 2025; Koutra et al., 2024). Notably, Amar et al. (2024) found that students' attitudes toward psychotherapy are influenced by their perceptions of social expectations, personal resilience, and academic norms, which collectively shape their willingness to seek professional help (Amar et al., 2024). These findings are echoed across diverse cultural contexts, suggesting the need for localized yet globally informed research into the socio-psychological undercurrents of help-seeking avoidance.

The university context introduces unique stressors—academic pressures, identity development, social transitions—that can exacerbate existing mental health vulnerabilities (Shahwan et al., 2020). However, instead of seeking institutional support, many students rely on informal coping strategies or disengage entirely, which can lead to academic decline, social withdrawal, and worsening psychological symptoms (Doan et al., 2020). In a recent review, Yamauchi et al. (2023) found that even during crises like the COVID-19 pandemic, students were more likely to turn to informal sources of help rather than formal counseling services, highlighting the continued mistrust and unfamiliarity with institutional support channels (Yamauchi et al., 2023). Such patterns call into question the accessibility

and perceived efficacy of university-based mental health infrastructures.

One key explanatory variable that continues to surface in the literature is mental health literacy—the extent to which students can recognize, understand, and act on mental health problems. A structural equation modeling study by Lu et al. (2021) demonstrated a strong association between mental health literacy and willingness to seek help, noting that low literacy often corresponds with internalized stigma and avoidance (Lu et al., 2021). Furthermore, the belief systems students hold about the causes of mental illness—whether biomedical, psychological, or spiritual—significantly impact their help-seeking attitudes. For example, students who attribute mental illness to personal weakness or spiritual failings are far less likely to pursue formal support (Tan et al., 2020). These cognitive and cultural schemas are often reinforced by family narratives, peer norms, and broader societal attitudes.

The role of stigma—both public and internalized—has been extensively explored as a core barrier to help-seeking. In a cross-sectional study of Pakistani nursing students, Farooq et al. (2021) reported that fear of being labeled or misunderstood led students to conceal distress rather than pursue therapy (Farooq et al., 2021). Similarly, Hardinugraha and Zulkaida (2021) found that students with higher levels of self-stigma were less likely to acknowledge their need for help, even when support was readily available (Hardinugraha & Zulkaida, 2021). These findings underscore the complex relationship between identity, shame, and vulnerability in student populations.

Cultural norms also play a pivotal role in shaping help-seeking behaviors. Rao (2025) emphasized that Asian students in multicultural academic settings often face an internal conflict between collectivist values and the individualistic nature of psychotherapy, resulting in higher avoidance tendencies (Rao, 2025). Similarly, Çebi and Demir (2019) noted that students in Turkey perceived seeking psychological help as an admission of failure, a view deeply rooted in cultural expectations of self-reliance and emotional stoicism (Çebi & Demir, 2019). These cultural scripts not only discourage open emotional expression but also frame professional support as a last resort rather than a proactive step.

In addition to psychological and cultural factors, institutional and academic environments can contribute to help-seeking avoidance. Delaney et al. (2023) observed that students often perceive university support services as inaccessible or overly bureaucratic, further discouraging

utilization (Delaney et al., 2023). Long waiting times, rigid appointment systems, and unclear communication about services were common complaints. Williams-Dobosz et al. (2021) added that the digital divide and lack of inclusive communication strategies also alienate underrepresented student groups from online or hybrid help-seeking platforms (Williams-Dobosz et al., 2021). These structural limitations intersect with students' psychological concerns, amplifying avoidance behaviors.

Academic culture itself can propagate help-seeking avoidance. Brown et al. (2020) argued that gender-typed attitudes, particularly among male students, correlate with a lower propensity to seek academic or emotional help due to cultural narratives surrounding masculinity and independence (Brown et al., 2020). This is corroborated by Sagar-Ouriaghli et al. (2020), who emphasized the need for gender-sensitive interventions that challenge prevailing stereotypes about male emotional expression and mental health (Sagar-Ouriaghli et al., 2020). The result is an academic climate in which vulnerability is penalized, whether implicitly or explicitly, and students internalize the notion that struggling silently is preferable to seeking support.

Digital environments add another layer of complexity. While some students may feel more comfortable seeking help online due to anonymity, others express doubt about the authenticity and efficacy of digital support systems. Luca et al. (2019) observed that students with suicidal ideation were more inclined to seek help through digital platforms than traditional counseling, citing reduced stigma and easier accessibility as motivating factors (Luca et al., 2019). However, this reliance on non-interpersonal methods of support may also reflect a broader pattern of social disengagement and distrust in institutional resources.

Other studies have highlighted the psychological ambivalence students face when contemplating whether or not to seek help. Thomas and Tagler (2019), using the Reasoned Action Model, found that even when students held positive attitudes toward seeking support, perceived norms and control beliefs often inhibited behavioral intentions (Thomas & Tagler, 2019). This aligns with the findings of Roszkowski (2019), who demonstrated that help-seeking inclinations are not reliably predicted by academic success metrics alone, and that emotional readiness plays a decisive role (Roszkowski, 2019). Students who excel academically may still suffer in silence due to perfectionism, fear of appearing weak, or lack of emotional vocabulary.

While numerous interventions have aimed to reduce stigma and promote mental health literacy, their effectiveness remains inconsistent. Shahwan et al. (2020) evaluated the impact of an anti-stigma campaign and found marginal improvements in students' willingness to seek help, but noted that deep-seated beliefs and cultural resistance persisted (Shahwan et al., 2020). Likewise, Sappor and Franks (2025) called attention to the racial and structural inequities that compound help-seeking avoidance for students from marginalized backgrounds, particularly in higher education systems where inclusion efforts are not meaningfully implemented (Sappor & Franks, 2025). Without targeted efforts to dismantle systemic barriers and build trust, superficial interventions may fail to generate substantive change.

This study aims to build on the existing body of knowledge by offering an in-depth, context-specific exploration of help-seeking avoidance among university students in Hungary. While quantitative studies have offered valuable insights into statistical correlations and demographic trends, there is a growing recognition of the need for qualitative research that can uncover the nuanced, subjective, and often contradictory experiences that inform students' decisions not to seek help (Amin et al., 2023). Through semi-structured interviews and thematic analysis, this study seeks to capture the lived realities of students who avoid help-seeking despite evident psychological or academic distress.

In doing so, this research contributes to a more grounded understanding of how personal, cultural, institutional, and cognitive factors coalesce to shape help-seeking avoidance. It answers the call posed by Moxham et al. (2024) for more empirical studies that investigate the internalized beliefs and external environments affecting student mental health, particularly in European higher education systems where cultural diversity, academic stress, and service accessibility intersect in unique ways (Moxham et al., 2024). By identifying key themes and patterns through students' own narratives, this study hopes to inform the design of more responsive, culturally attuned, and psychologically safe support structures within universities.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design aimed at exploring the underlying factors that contribute to help-seeking avoidance among university students. A

phenomenological approach was adopted to capture the lived experiences and subjective meanings that students associate with their avoidance of psychological or academic support services. The sample consisted of 29 university students enrolled in undergraduate or postgraduate programs across various Hungarian universities. Participants were selected through purposive sampling to ensure that those with firsthand experiences of avoiding formal help-seeking were adequately represented. Sampling continued until theoretical saturation was reached, whereby no new themes emerged from additional interviews.

2.2. Measures

Data were collected through semi-structured, in-depth interviews conducted either face-to-face or via secure video conferencing platforms, depending on participant preference and logistical feasibility. The interview protocol was designed to elicit participants' personal experiences, perceptions, emotional responses, and contextual factors related to their avoidance of help-seeking behaviors. Interview questions were open-ended and covered topics such as perceived stigma, previous encounters with institutional support systems, personal coping strategies, cultural beliefs, and peer influence. Each interview lasted between 45 and 75 minutes and was audio-recorded with informed consent. All interviews were conducted in English or Hungarian, depending on the participant's preference, and later transcribed verbatim for analysis.

2.3. Data Analysis

The transcribed interview data were analyzed using thematic analysis within a phenomenological framework. NVivo software (Version XX) was employed to facilitate systematic coding, organization, and theme development. The analysis followed a six-phase process: familiarization with the data, generation of initial codes, identification of themes, reviewing and refining themes, defining and naming themes, and final reporting. Themes were derived inductively, allowing patterns and meanings to emerge directly from the participants' narratives. Coding and theme development were conducted collaboratively by the research team to enhance reliability, with discrepancies resolved through discussion. Reflexive memos and audit trails were maintained throughout the analysis to support transparency and rigor.

3. Findings and Results

The study sample consisted of 29 university students enrolled in various academic programs across Hungarian universities. Of the total participants, 18 identified as female (62.1%) and 11 as male (37.9%), with ages ranging from 19 to 27 years ($M = 22.4, SD = 2.3$). In terms of academic level, 19 students (65.5%) were pursuing undergraduate degrees, while 10 participants (34.5%) were enrolled in postgraduate programs. The majority of participants ($n = 21, 72.4%$) were domestic Hungarian students, while 8 (27.6%) were international students residing in Hungary. Participants represented diverse fields of study, including social sciences ($n = 10, 34.5%$), humanities ($n = 8, 27.6%$), natural sciences ($n = 6, 20.7%$), and engineering ($n = 5, 17.2%$).

Table 1

Themes, Subthemes, and Concepts on Help-Seeking Avoidance Among University Students

Category (Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Perceived Social and Cultural Barriers	Fear of Stigmatization	Shame in front of peers, Being labeled weak, Fear of gossip, Concern over social judgment
	Family Expectations and Norms	Pressure to appear resilient, Cultural emphasis on independence, Avoidance of emotional disclosure
	Peer Group Norms	Friends mock emotional help, Seeking help seen as overreacting, Group norms favor self-reliance
	Societal Attitudes toward Mental Health	Mental health as taboo, Therapy seen as last resort, Distrust in psychological services
2. Emotional and Psychological Factors	Academic Culture and Competition	Help equals failure, Hypercompetitive mindset, Fear of falling behind, Belief in self-sufficiency
	Fear of Vulnerability	Anxiety about opening up, Feeling exposed, Emotional discomfort, Fear of judgment
	Low Emotional Awareness	Difficulty labeling emotions, Confusion about inner state, Poor emotional literacy
	Internalized Self-Stigma	Self-blame, Feeling weak for needing help, Negative self-perception

	Avoidant Coping Style	Suppression of distress, Escaping through distraction, Emotional numbness
	Previous Negative Emotional Experiences	Shame from past disclosure, Guilt after talking to others, Past invalidation
	Trust Deficits	Difficulty trusting professionals, Fear of confidentiality breach, Suspicion toward authority figures
3. Institutional and Structural Constraints	Inaccessibility of Services	Long waiting times, Complicated procedures, Lack of awareness about resources
	Lack of Confidentiality Assurance	Fear university will inform others, Perceived surveillance, No private space for counseling
	Language and Cultural Gaps	Services not offered in native language, Lack of culturally sensitive staff, Miscommunication with staff
	Limited Outreach and Visibility	No clear advertisement, Absence in orientation programs, Invisible mental health offices
4. Personal Beliefs and Cognitive Barriers	Bureaucratic Obstacles	Complex forms, Need for referrals, Administrative indifference
	Belief in Self-Reliance	"I should solve it myself", Self-sufficiency as strength, View asking help as weakness
	Minimization of Problems	"It's not serious", Belief it will pass, Downplaying emotional distress
	Fatalistic Thinking	"Nothing can help", "It's my fate", Help is useless
	Mistrust in Effectiveness of Help	Counseling seen as ineffective, Perception that talking doesn't help, Doubting therapist competence
	Academic Overload as Excuse	No time for help, Prioritizing deadlines, Constant busyness as avoidance
	Negative Past Experiences with Help	Previous unhelpful sessions, Felt unheard, Lack of resolution
	Fear of Labeling Themselves	Avoiding "mental health patient" identity, Fear of diagnosis, Self-protection through avoidance

Category 1: Perceived Social and Cultural Barriers

Fear of Stigmatization: Many participants reported a pervasive fear of being judged negatively if they were seen seeking psychological or academic help. The label of “weak” or “mentally unstable” was frequently mentioned as a deterrent. One student stated, “If people know I went to a counselor, they’ll think something’s seriously wrong with me.” This fear of social scrutiny, particularly within peer networks, acted as a powerful silencing mechanism and inhibited open help-seeking.

Family Expectations and Norms: Cultural and familial values emphasizing self-reliance and emotional restraint also shaped students’ reluctance to seek support. Several participants explained that within their households, emotional difficulties were considered private and not to be discussed outside the family. As one student noted, “In my family, you don’t talk about feelings. You deal with it yourself—that’s how you show strength.”

Peer Group Norms: Help-seeking was often portrayed as socially unacceptable or mocked among close friends. The dominant peer norm emphasized endurance and emotional toughness. “My friends would probably laugh and say, ‘Are you really going to therapy for that?’” said one participant. This dynamic discouraged openness and reinforced internalization of distress.

Societal Attitudes toward Mental Health: Participants described broader Hungarian social discourses around mental health as outdated or dismissive. Mental health services were frequently seen as a last resort, reserved for

extreme cases. One student shared, “Here, people still think only crazy people go to therapy. It’s just not normal to ask for help.”

Academic Culture and Competition: The competitive nature of university life further discouraged students from seeking help, especially when it was equated with academic inadequacy. “If I go to the student support center, it feels like admitting I can’t handle it,” remarked one participant. Students feared falling behind or being seen as less competent.

Category 2: Emotional and Psychological Factors

Fear of Vulnerability: Students often avoided help-seeking because it required emotional openness, which they perceived as risky or uncomfortable. “I don’t like crying in front of people, especially strangers,” said one participant. The act of revealing personal struggles evoked feelings of exposure and fear of being misunderstood.

Low Emotional Awareness: Some participants struggled to identify or articulate their emotions, which made them less likely to seek support. One student reflected, “Sometimes I don’t even know what’s wrong. I just feel off, but I can’t explain it.” This lack of emotional clarity hindered recognition of the need for help.

Internalized Self-Stigma: Beyond social stigma, many students internalized negative beliefs about their own need for support. “I felt like a failure for even thinking about going to therapy,” admitted a participant. This self-directed shame reinforced silence and avoidance.

Avoidant Coping Style: A tendency to suppress emotions and distract oneself from distress emerged as a common coping strategy. Participants mentioned keeping busy with academic tasks or social activities to avoid confronting their emotional difficulties. “I just drown myself in schoolwork so I don’t have to think about it,” one student shared.

Previous Negative Emotional Experiences: Some students recounted feeling invalidated or judged in past disclosure attempts, which shaped future reluctance. One participant said, “I once tried to talk to someone, and they just said ‘you’ll be fine’—it made me regret even bringing it up.”

Trust Deficits: A significant barrier was the lack of trust in mental health professionals or institutional confidentiality. “How do I know the counselor won’t tell my professors?” asked one student. This skepticism about privacy and sincerity discouraged engagement with support systems.

Category 3: Institutional and Structural Constraints

Inaccessibility of Services: Many students criticized logistical and bureaucratic difficulties in accessing university counseling services, such as long waiting lists and complex booking systems. “I emailed twice and got a reply a month later. By then, I didn’t even want to go anymore,” a participant recalled.

Lack of Confidentiality Assurance: Concerns about privacy and data protection were prevalent. Students were afraid that seeking help might be documented or shared without consent. One participant remarked, “The university is too connected. I don’t feel safe talking about personal stuff there.”

Language and Cultural Gaps: International and minority students noted that counseling services often lacked language flexibility and cultural sensitivity. “The counselor didn’t understand where I was coming from. I had to explain my background more than my problem,” said a non-native student.

Limited Outreach and Visibility: Several participants expressed frustration at the low visibility of available mental health services. Many were unaware of the support structures until much later in their academic journey. “No one tells you during orientation that there’s free counseling. I only found out in my third year,” shared one student.

Bureaucratic Obstacles: The formal and impersonal nature of support systems, including referral requirements and excessive paperwork, was off-putting. One participant described the experience as “cold and administrative, like applying for a visa, not asking for help.”

Category 4: Personal Beliefs and Cognitive Barriers

Belief in Self-Reliance: A strong belief in personal resilience was cited as a reason for avoiding help. Students viewed handling problems independently as a sign of strength. “I’ve always dealt with things on my own, and I don’t want that to change,” one student emphasized.

Minimization of Problems: Some participants did not perceive their issues as severe enough to warrant intervention. “Other people have real problems. I just need to get over it,” said one student, downplaying their own distress.

Fatalistic Thinking: A sense of hopelessness also emerged, where participants doubted that any intervention could change their circumstances. “What’s the point? Nothing will help anyway,” shared a student with chronic academic stress.

Mistrust in Effectiveness of Help: Several students questioned the utility of psychological services, expressing skepticism about whether talking would lead to meaningful improvement. “Therapists just talk. That doesn’t solve anything,” remarked one participant.

Academic Overload as Excuse: Heavy academic responsibilities were commonly used to justify avoidance. One participant commented, “I’m too busy with exams. There’s no time to think about mental health.”

Negative Past Experiences with Help: Students who had previously sought help but felt disappointed with the outcome were less inclined to try again. “I opened up once, and it didn’t go well. I won’t make that mistake twice,” said a participant.

Fear of Labeling Themselves: Some students resisted seeking help because they did not want to identify themselves as someone who “needs therapy.” One participant said, “I don’t want to think of myself as having a mental health issue. That’s scary.”

4. Discussion and Conclusion

This study explored the underlying factors influencing help-seeking avoidance among university students in Hungary using a qualitative phenomenological approach. Through semi-structured interviews with 29 participants and thematic analysis using NVivo software, four major themes emerged: perceived social and cultural barriers, emotional and psychological factors, institutional and structural constraints, and personal beliefs and cognitive barriers. These themes, along with their associated subcategories and concepts, reflect a multi-layered and interdependent set of

influences shaping students' reluctance to seek academic or psychological help. The findings offer a deeper understanding of how individual, relational, and systemic factors intersect to shape avoidance behaviors in a university context.

The first major theme—perceived social and cultural barriers—revealed the central role of stigma, social norms, and cultural narratives in discouraging help-seeking. Many students expressed fear of being judged, labeled as weak, or viewed as incapable if they sought professional help. This aligns closely with findings by Koutra et al. (2024), who identified self-stigma and culturally mediated shame as significant deterrents to psychological help-seeking among university students (Koutra et al., 2024). Similarly, the perception that mental health problems should be handled privately was observed in other cultural contexts, such as in Turkey (Çebi & Demir, 2019) and Pakistan (Farooq et al., 2021), where familial and societal expectations discourage emotional disclosure. These observations reinforce the idea that in collectivist or traditional societies, psychological struggles are often concealed to protect family honor or personal pride, creating a strong disincentive for open help-seeking.

Closely tied to this is the influence of peer group dynamics and academic culture, where competitiveness and the valorization of self-reliance act as suppressors of vulnerability. Many participants noted that help-seeking was perceived among peers as a sign of incompetence, especially in highly demanding academic programs. This is supported by Brown et al. (2020), who reported that students with strong gender-typed or independence-oriented attitudes—especially males—were more likely to perceive help-seeking as a threat to their academic identity (Brown et al., 2020). Likewise, Wani (2025) emphasized how groupthink dynamics within university social groups often discourage acknowledgment of mental health needs, creating an unspoken code of silence that penalizes help-seeking behaviors (Wani, 2025).

The second theme—emotional and psychological factors—underscored students' internal struggles with emotional regulation, trust, and self-perception. Participants described difficulty in articulating emotions, discomfort with vulnerability, and low trust in the effectiveness of counseling services. These internal barriers resonate with the findings of Hardinugraha and Zulkaida (2021), who highlighted the inhibitory effect of self-stigma and low emotional literacy on help-seeking tendencies (Hardinugraha & Zulkaida, 2021). The narratives of past

negative experiences—such as feeling invalidated, dismissed, or unheard—further contributed to participants' reluctance. This was echoed in research by Moxham et al. (2024), which found that nursing students often internalized stigma during clinical placements, leading to hesitation in seeking support for their own psychological concerns (Moxham et al., 2024). In both studies, trust deficits in institutional figures and previous emotional hurt played pivotal roles in perpetuating avoidance.

Another salient emotional dimension involved fatalistic thinking and emotional suppression, wherein students expressed the belief that “nothing would help” or that discussing emotions would not result in meaningful change. Such expressions of emotional resignation were noted by Lu et al. (2021), who associated poor mental health literacy and emotional disengagement with reduced help-seeking motivation (Lu et al., 2021). These findings suggest that help-seeking is not merely a behavioral decision, but one embedded in cognitive-emotional frameworks shaped by years of learned avoidance and inadequate psychological education.

The third major theme—institutional and structural constraints—highlighted the logistical and systemic barriers faced by students. Participants frequently described the university counseling system as confusing, slow, bureaucratic, and inadequately advertised. These complaints are not unique to the Hungarian context; similar concerns have been reported across diverse academic systems. For instance, Delaney et al. (2023) found that online and hybrid support systems often lacked visibility and accessibility, leading to underutilization even when services were technically available (Delaney et al., 2023). Moreover, Shahwan et al. (2020) argued that institutional anti-stigma campaigns can fall short if not accompanied by visible, easy-to-navigate, and culturally competent services (Shahwan et al., 2020). Students in this study similarly expressed concern over language barriers, absence of multicultural counselors, and a lack of clear procedures for initiating contact with mental health professionals.

Issues of confidentiality and surveillance also surfaced as significant constraints. Participants feared that disclosing personal concerns might jeopardize academic standing or become visible to faculty or administrators. These findings corroborate the work of Sappor and Franks (2025), who highlighted students' perceptions of institutional overreach and lack of psychological safety as factors exacerbating the BAME awarding gap in UK universities (Sappor & Franks, 2025). The distrust of institutional confidentiality systems

reflects broader global trends where university students view their educational institutions as insufficiently private or supportive when it comes to personal mental health matters.

The final theme—personal beliefs and cognitive barriers—illuminated the internal narratives that rationalized avoidance, including beliefs in self-sufficiency, minimization of distress, and skepticism about the utility of help. These cognitive barriers were especially pronounced among high-achieving students who believed they should be able to “handle it themselves.” This mirrors findings by Roszkowski (2019), who demonstrated that high academic performers were not necessarily more likely to seek help, due to perfectionistic mindsets and fear of exposing weakness (Roszkowski, 2019). Similarly, Thomas and Tagler (2019) used the Reasoned Action Model to show that even students with positive attitudes toward help-seeking may avoid action due to perceived social norms and low perceived behavioral control (Thomas & Tagler, 2019). Such insights align well with the present study’s findings, indicating that cognitive dissonance—between knowing help might be beneficial and feeling unable or unwilling to pursue it—is a crucial psychological conflict.

The influence of digital and informal alternatives also emerged tangentially. Some participants expressed a preference for self-help resources or informal conversations over institutional counseling. Luca et al. (2019) noted that students experiencing serious psychological distress, including suicidal ideation, often opted for digital platforms over in-person support due to ease of access and perceived anonymity (Luca et al., 2019). Yamauchi et al. (2023) similarly found that during crises, informal help-seeking behaviors increased significantly, suggesting that formal services remain secondary options for many students (Yamauchi et al., 2023). However, these findings raise questions about the long-term effectiveness of informal support in managing complex psychological conditions.

Furthermore, variations in cultural context shape the nature of help-seeking avoidance. Rao (2025) highlighted the difficulties faced by Asian students in multicultural environments, who often experience tension between collectivist values and individualistic mental health systems (Rao, 2025). Such tensions were echoed in this study by international students in Hungary, who noted that counseling practices were culturally mismatched or linguistically limited. This reaffirms the urgent need for universities to provide culturally responsive and linguistically accessible mental health services.

Taken together, these findings suggest that help-seeking avoidance is not merely a consequence of personal choice but a complex interplay of cultural beliefs, emotional barriers, social expectations, institutional failures, and systemic stigma. As Wang and Xia (2017) aptly observed, students often rationally acknowledge the need for help, yet emotionally reject it due to internalized resistance and cultural programming (Wang & Xia, 2017). The current study contributes to this body of knowledge by offering a phenomenological lens through which these complexities can be examined and understood within a specific Central European context.

This study is subject to several limitations. First, the sample was restricted to university students in Hungary, which may limit the generalizability of findings to other cultural or educational contexts. The qualitative nature of the research, while rich in detail, does not allow for statistical inferences or comparisons across subpopulations. Additionally, the reliance on self-report data may have introduced recall bias or social desirability effects. While theoretical saturation was achieved, the sample size and demographic profile may have excluded voices from underrepresented groups such as students with disabilities, LGBTQ+ students, or non-binary individuals. Future studies could address these gaps by employing mixed-method designs or expanding to more diverse samples.

Further research is needed to explore how intersectional identities—such as gender, ethnicity, socioeconomic status, and disability—interact with help-seeking avoidance among students. Longitudinal studies could provide insight into how attitudes evolve over the course of a student's academic life and how institutional interventions might impact behavioral outcomes. It would also be valuable to examine the role of digital mental health interventions, especially in post-pandemic educational environments. Future investigations might integrate psychological measures with behavioral tracking to more objectively assess avoidance behaviors in relation to academic performance and well-being indicators.

Universities must adopt a more proactive, culturally competent approach to student mental health. Mental health services should be embedded within the academic infrastructure and made visible, accessible, and linguistically inclusive. Training faculty and staff to recognize emotional distress and refer students appropriately is essential. Institutional campaigns should go beyond awareness to actively reshape social norms, reduce stigma, and empower students to see help-seeking as a strength

rather than a weakness. Finally, counseling services must be continuously evaluated and adapted to reflect the changing cultural, emotional, and academic landscapes of student populations.

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.

References

- Amar, A. V., Avdović, A., Belić, M., & Demirović, D. (2024). Potential Factors That Can Model the Attitude Towards Psychotherapy Among Students – An Analysis of a University in Serbia. *Journal of Research in Higher Education*, 7(2), 55-73. <https://doi.org/10.24193/jrhe.2024.2.4>
- Amin, H., Wazeer, M., Imran, N., Rashid, A., Kiran, R., & Haider, I. (2023). Help Seeking Attitudes for Mental Illnesses Among Under-Graduate Medical Students in Lahore. *J Pak Psychiatr Soc*, 20(03), 6-9. <https://doi.org/10.63050/jpps.20.03.203>
- Bamine, V., & Tanaka, K. (2025). Help-Seeking in Nursing and Medical Students: A Concept Analysis. *Journal of Research in Nursing*, 30(2), 125-138. <https://doi.org/10.1177/17449871241268451>
- Brown, D. S., Barry, J. A., & Todd, B. K. (2020). Barriers to Academic Help-Seeking: The Relationship With Gender-Typed Attitudes. *Journal of Further and Higher Education*, 45(3), 401-416. <https://doi.org/10.1080/0309877x.2020.1774049>

- Çebi, E., & Demir, A. (2019). Help-Seeking Attitudes of University Students in Turkey. *International Journal for the Advancement of Counselling*, 42(1), 37-47. <https://doi.org/10.1007/s10447-019-09385-7>
- Delaney, L., Brown, M., & Costello, E. (2023). Between the Lines: An Exploration of Online Academic Help-Seeking and Outsourced Support in Higher Education: Who Seeks Help and Why? *Education Sciences*, 13(11), 1147. <https://doi.org/10.3390/educsci13111147>
- Doan, N., Patte, K. A., Ferro, M. A., & Leatherdale, S. T. (2020). Reluctancy Towards Help-Seeking for Mental Health Concerns at Secondary School Among Students in the COMPASS Study. *International journal of environmental research and public health*, 17(19), 7128. <https://doi.org/10.3390/ijerph17197128>
- Farooq, S., Parpio, Y., Sattar, S., Ali, Z., Rahim, S., & Peerwani, G. (2021). Stigma Associated With and Attitude Regarding Mental Health Help-Seeking Among Undergraduate Nursing Students in Karachi, Pakistan. <https://doi.org/10.21203/rs.3.rs-710107/v1>
- Hardinugraha, L., & Zulkaida, A. (2021). The Effect of Self-Stigma and Perceived Social Support on Help-Seeking on Students. *International Journal of Research Publications*, 90(1). <https://doi.org/10.47119/ijrp1009011220212556>
- Koutra, K., Pantelaiou, V., & Mavroeides, G. (2024). Breaking Barriers: Unraveling the Connection Between Mental Health Literacy, Attitudes Towards Mental Illness, and Self-Stigma of Psychological Help-Seeking in University Students. *Psychology International*, 6(2), 590-602. <https://doi.org/10.3390/psycholint6020035>
- Lu, C.-M., Lien, Y. J., Chao, H.-J., Lin, H.-S., & Tsai, I. C. (2021). A Structural Equation Modeling of Mental Health Literacy in Healthcare Students. *International journal of environmental research and public health*, 18(24), 13264. <https://doi.org/10.3390/ijerph182413264>
- Luca, S. M. D., Lytle, M. C., Yan, Y., & Brownson, C. (2019). Help-Seeking Behaviors and Attitudes of Emerging Adults: How College Students Reporting Recent Suicidal Ideation Utilize the Internet Compared to Traditional Resources. *Journal of American College Health*, 68(3), 250-257. <https://doi.org/10.1080/07448481.2018.1539397>
- Moxham, L., Roberts, M., Yousiph, T., Jay, E. K., Lewer, K., Robson, G., Drury, P., Cordina, J., Villeneuve-Smith, S., & Patterson, C. (2024). 'I Can't See Myself Seeking Help': The Influence of Clinical Placements on Nursing Students' Stigmatising Beliefs and Intentions to Seek Help for Their Own Mental Health Issues: A Prospective Cohort Study. *International journal of mental health nursing*, 34(1). <https://doi.org/10.1111/inm.13429>
- Rao, K. A. (2025). Cultural Differences in Psychological Help-Seeking Attitudes Among Asian and Non-Asian University Students in Malaysia. *International Journal of Research and Innovation in Social Science*, IX(IV), 3510-3522. <https://doi.org/10.47772/ijriss.2025.90400256>
- Roszkowski, M. J. (2019). The Relationship of Help-Seeking Inclinations to Traditional Predictors of Academic Success and First-Semester College GPA. *Journal of College Orientation Transition and Retention*, 21(1). <https://doi.org/10.24926/jcotr.v21i1.2858>
- Sagar-Ouriaghli, I., Godfrey, E., Graham, S., & Brown, J. S. L. (2020). Improving Mental Health Help-Seeking Behaviours for Male Students: A Framework for Developing a Complex Intervention. *International journal of environmental research and public health*, 17(14), 4965. <https://doi.org/10.3390/ijerph17144965>
- Sappor, G., & Franks, J. R. (2025). The BAME Awarding Gap: Understanding Student Perspectives. *London Review of Education*, 23(1). <https://doi.org/10.14324/lre.23.1.02>
- Shahwan, S., Lau, J. H., Goh, C. M. J., Ong, W. J., Tan, G. T. H., Kwok, K. W., Samari, E., Lee, Y. Y., Teh, W. L., Seet, V., Chang, S., Chong, S. A., & Subramaniam, M. (2020). The Potential Impact of an Anti-Stigma Intervention on Mental Health Help-Seeking Attitudes Among University Students. *BMC psychiatry*, 20(1). <https://doi.org/10.1186/s12888-020-02960-y>
- Sithaldeen, R., August, L., Phetlhu, O., & Kokolo, B. (2025). Fostering College Students' Sense of Belonging by Building Help-Seeking Behaviors in an Academic Recovery Program. *New Directions for Higher Education*, 2025(209), 9-14. <https://doi.org/10.1002/he.20527>
- Tan, G. T. H., Shahwan, S., Goh, C. M. J., Ong, W. J., Samari, E., Abdin, E., Kwok, K. W., Chong, S. A., & Subramaniam, M. (2020). Causal Beliefs of Mental Illness and Its Impact on Help-Seeking Attitudes: A Cross-Sectional Study Among University Students in Singapore. *BMJ open*, 10(7), e035818. <https://doi.org/10.1136/bmjopen-2019-035818>
- Thomas, C. L., & Tagler, M. J. (2019). Predicting Academic Help-Seeking Intentions Using the Reasoned Action Model. *Frontiers in Education*, 4. <https://doi.org/10.3389/feduc.2019.00059>
- Wang, H., & Xia, Y. (2017). Chinese College Students Seeking Psychological Help From Professionals—Rationally Should but Emotionally Not? *Sociology Study*, 7(4). <https://doi.org/10.17265/2159-5526/2017.04.004>
- Wani, A. (2025). Breaking the Silence: Unraveling Groupthink Among Students as a Barrier to Acknowledging Mental Health Issues. *Mental Health and Social Inclusion*. <https://doi.org/10.1108/mhsi-01-2025-0004>
- Williams-Dobosz, D., Jeng, A., Azevedo, R. F. L., Bosch, N., Ray, C., & Perry, M. (2021). Ask for Help: Online Help-Seeking and Help-Giving as Indicators of Cognitive and Social Presence for Students Underrepresented in Chemistry. *Journal of Chemical Education*, 98(12), 3693-3703. <https://doi.org/10.1021/acs.jchemed.1c00839>
- Yamauchi, T., Shimazaki, T., Yanagisawa, H., & Suka, M. (2023). Formal and Informal Help-Seeking Intentions/Behaviors Among Students and Workers During the COVID-19 Pandemic: A Scoping Review. *Environmental health and preventive medicine*, 28(0), 53-53. <https://doi.org/10.1265/ehpm.23-00095>