DOI: 10.71317/jgst.2.11.2026.973
Journal of Global Social Transformation
Journal homepage: https://rjsaonline.org/index.php/JGST

Self-Efficacy and Mental Health Help-Seeking Attitudes Among Pakistani Youth: A Cross-Sectional Study of the Mediating Role of Self-Stigma

Khizra Jamil[1], Ali Imran Kahlon[2], Muneeb Ahmed Toor[3]
[1] PhD, Clinical Psychologist, University of Karachi.
Email: khizrajamil@hotmail.com
[2] Assistant Professor, International Institute of Science, Arts & Technology, Gujranwala.
Email: ali.imran@iisat.edu.pk
[3] PhD, Assistant Professor, University of Rasul.
Email: muneeb.toor@uorm.edu.pk

ARTICLE INFO

Submission:
October 01, 2026
Revised:
October 15, 2026
Accepted:
October 26, 2026
Available Online:
November 05, 2026

Keywords:
Self-efficacy, Attitudes seeking help, Self-stigma, Mental Health, Pakistan.

Corresponding author:
Khizra Jamil
Email:
khizrajamil@hotmail.com

ABSTRACT

A considerable proportion of the world's population of mental disorders has been carried by young people and most of them is not seeking help from professionals. This cross-sectional study sought to determine whether there is a relationship between self-efficacy and favorable views toward obtaining professional psychological treatment among Pakistani youth, as well as whether self-stigma of requesting help serves as a mediator between the two. A total of 412 university students and young people aged 18–25 (54.4% female) completed the General Self-Efficacy Scale, the Self-Stigma of Seeking Help Scale, and the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form. When controlling for age, gender, residence, and past help-seeking, hierarchical regression showed that self-efficacy predicted more positive views about help-seeking $\beta = .29$, $p < .001$, $\Delta R^2 = .08$. This relationship was partially mediated by self-stigma indirect effect = 0.084, 95% CI 0.050, 0.121 with approximately 32% of the total effect. There was no difference in the association between males and females. Women were more likely than men to exhibit positive views, and previous help-seeking was a significant predictor. The results indicate that a positive feeling of competence in coping and acting is associated with professional care acceptability, which may be mediated by lower self-stigma. Promoting self-efficacy and mitigating social stigma may boost service use among youth in Pakistan and other contexts.

Introduction

Mental disorders are one of the most prevalent and debilitating health issues in the young-adult and adolescent population. There is epidemiological evidence that half of all lifetime mental disorders occur by the mid teens and three quarters by the mid twenties (Kessler et al., 2005), and that young people suffer a disproportionate burden of mental ill health in the world (Patel et al., 2007). Even so, very few affected youth seek professional help. Years between onset of symptoms and first treated contact is common and many individuals do not contact first treatment. The reasons why youth do or do not seek assistance is important for prevention and early intervention.

The youth population in Pakistan is among the largest in the world with the United Nations Development Programme, 2018, finding that about two thirds of Pakistanis are under the age of 30. High prevalence of anxiety and depression disorders have been reported in the general population in systematic reviews (Mirza and Jenkins, 2004) and specialist services are limited, largely in large cities and often prohibitively expensive. There are inadequate number of psychiatrists and clinical psychologists per capita to meet the recommended standards. These individual traits that make a young person feel ready to engage with a professional are just one facet of this access problem but can be dealt with directly through psychological research.

The process of help-seeking involves recognizing the problem, deciding to seek help, identifying a source of help and making contact (Rickwood et al., 2005). The process centers on attitudes towards seeking professional help. In planned behavior models, attitudes, social norms and perceived control are all predictive of intention and intention is predictive of behavior (Ajzen, 1991). Professional help-seeking attitudes have been assessed extensively using the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHPHS) and short version (ATSPPHPHS-SK) (Fischer & Farina, 1995) that reflects recognition of the need for professional help, tolerance of the stigma associated with it, and confidence in the value of professional treatment.

When available, a review of qualitative and quantitative studies found a consistent list of barriers which affected young people: stigma and embarrassment, poor recognition of symptoms, need to be self-reliant, and concerns around confidentiality and trust (Gulliver et al., 2010). People's positive past experiences, encouragement of others and social support were all included as facilitators. Another meta-analysis conducted later discovered that help-seeking was negatively associated with stigma with a small-to-moderate effect size and the strongest effect size for stigma directed at treatment and for internal stigma (Clement et al., 2015). The results indicate that people's perceptions of what aids to seeking help can be as significant as to their real difficulties.

People's beliefs in their ability to initiate and carry out the actions needed to cope with future situations is referred to as self-efficacy (Bandura, 1977, 1997). Social cognitive theory: Efficacy belief is a proximal determinant of behavior: high Efficacy belief set higher goals, sustain effort longer in presence of obstacles, recover from failures more quickly. More broadly, the concept of general self-efficacy is indicated by a large number of countries and is psychometrically similar in various cultures (Scholz et al., 2002; Schwarzer & Jerusalem, 1995).

There are several reasons to believe that self-efficacy is related to positive attitudes towards professional help. Not only is seeking help itself a challenging behavior, but it is also the behavior that requires you to recognize that you have a problem, locate a provider, create time and money, and share your details with a stranger. Someone who thinks he or she can do these things should consider seeking help a little less negatively. Secondly, there is sometimes a correlation between high self-efficacy and independence, which could imply that people with high self-efficacy need less help. A critical, active self-perception can still make the use of professional resources appear to be a sensible, active coping mechanism and not an admission of failure. Third, there is a correlation between-efficacy beliefs and decreased anxiety as well as increased control, both of which can decrease the threat of contact with mental health services. Empirical research on the relationship is mixed and the research is limited in samples from South Asian contexts, where family involvement, religious/cultural explanations of distress and high concerns about social reputation influence help-seeking.

Stigma is at multiple levels. Public stigma refers to negative reactions of the general public to people with mental illness or those seeking treatment, while self-stigma is the internalization of those reactions, making help-seeking shameful or mean something about the person's inadequacy or weakness (Corrigan, 2004; Vogel et al., 2006). Research with college students has shown that perceived public stigma reduces willingness to seek counseling largely by increasing self-stigma, which in turn produces less favorable attitudes (Vogel et al., 2007).

Self-efficacy may sit upstream of this process. If so, self-stigma would transmit part of the effect of self-efficacy on help-seeking attitudes. A mediation model of this kind has practical relevance, because stigma reduction and efficacy building are both targets of existing school and university programs.

Several background characteristics are consistently related to help-seeking attitudes. Women tend to report more favorable attitudes than men, a difference that meta-analytic work has documented across many countries (Nam et al., 2010). Prior experience with professional help is also among the strongest correlates of future openness (Gulliver et al., 2010). Age and place of residence may matter in Pakistan, where urban youth have greater access to services and exposure to mental health information than rural youth. It is also plausible that the strength of the self-efficacy link differs by gender, since norms of self-reliance and emotional restraint are more strongly imposed on young men (Komiya et al., 2000). These variables were therefore included as covariates or tested as moderators.

The Present Study

The current study looked at the association between general self-efficacy and attitudes toward obtaining professional psychological help among Pakistani young adults. Three hypotheses were investigated, using social cognitive theory and stigma literature:

Hypothesis 1: Higher self-efficacy predicts positive help-seeking attitudes after controlling for age, gender, residence, and prior help-seeking.

Hypothesis 2: Self-stigma toward requesting help may partially influence the connection between self-efficacy and help-seeking attitudes.

Hypothesis 3: suggests that self-efficacy and help-seeking attitudes are moderated by gender, with males showing a stronger correlation.

Method

Research Design.

The study's design was cross-sectional and correlational. A self-report questionnaire was utilized to collect data in a single session. The design does not support causal inferences, but it can be used to assess connections and test a statistical mediation model.

Sample and Sampling.

Convenience sampling with snowball referral was used for recruiting 412 young people aged 18–25 years (M = 20.8, SD = 1.9) from public and private universities in the province of Punjab, Pakistan. Of the sample, 224 identified as female (54.4%) and 188 as male (45.6%), 255 lived in urban areas (61.9%) and 157 in rural or semi-urban areas (38.1%) and 88 had previously visited a mental health professional (21.4%). The inclusion criteria included that subject should be between 18 to 25, should be enrolled in or completed with some college courses and should be able to read Urdu or English language. Inpatients psychiatric patients were excluded. A sensitivity analysis showed that for an incremental effect of $f^2 \approx 0.02$ (Cohen, 1988) a sample size of 412 participants, $\alpha = .05$, and five predictors would yield a power of 80%. A total of 447 questionnaires were returned, of which 35 were excluded due to incomplete responses (more than 10% of the items missing) or patterned (or uniform) responding. Of retained cases, <1% item responses were missing, replaced by person mean imputation within scales.

Measures.

Demographic form.

Participants indicated their age, sex, urban/rural (or semi-urban) location and if they had seen a psychologist, psychiatrist or counselor for themselves or their emotions (yes/no).

The General Self-Efficacy Scale (GSE).

Self-efficacy was measured using the General Self-Efficacy Scale (GSQ) developed by Schwarzer and Jerusalem in 1995. Some items, such as "I can always solve difficult problems if I try hard enough," are graded on a 4-point scale from 1 (not at all true) to 4 (perfectly true). The scores are combined together to get a total of 10 to 40 points, with higher scores being better. Many other countries have demonstrated strong dependability and a one-dimensional structure of the scale (Scholz et al., 2002). The α for this sample was.86.

Self-Stigma of Seeking Help Scale (SSOSH).

Self-stigma was assessed using the 10-item SSOSH (Vogel et al., 2006), which measures the level of low self-esteem or self-worth that would be experienced if the person sought professional care. answers such as "I would feel inadequate if I went to a therapist for psychological help" are graded on a range of 1 to 5, with positively worded answers being reverse scored. Mean scores were used, and higher values indicated greater degrees of self-stigma. Cronbach's alpha was.84.

Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPH-SF).

The 10-item short version of the scale by Fischer and Farina (1995) was used to assess help-seeking attitudes. Items ranging from 'If I thought I was having a mental breakdown, my first thought would be seeking professional help' (0 = disagree, 3 = agree) are rated, the latter is reverse scored. A total score of 0 to 30 (with higher scores representing more positive attitudes). Cronbach's α

was .78. As the instruments were created for an English-speaking environment, the participants were allowed to fill the instruments in Urdu or English. Forward translation from English by two bilingual psychologists, discrepancy reconciliation, blind back-translation, and pilot (with a sample of 20 students) were used to prepare the Urdu versions, which underwent minor wording changes.

Procedures and Ethical considerations.

Prior to collecting data, the study was approved by the institutional ethics committee. Participants were approached in classrooms, libraries and online student groups and were given an information sheet which explained the purpose of the research, the voluntary nature of participation and the right to withdraw from the research at any time. All participants gave written or electronic informed consent. The questionnaires were anonymous, took about 15 minutes to fill out and kept on password protected devices. The questionnaire included the following information on the final page about free counselling services for universities and national helplines in case sensitive questions were asked, as well as the option to leave out certain questions.

Data Analysis.

IBM SPSS Statistics and the PROCESS macro (Hayes, 2022) were used for analyses. Outliers, normality, and multicollinearity were screened in the data. All scales had values for skewness and kurtosis within ±1, no case had a Cook's distance greater than .05 and variance inflation factors below 1.3. Average, standard deviation, and Pearson correlations were computed first. Hypothesis 1 was tested by using hierarchical multiple regression, which included covariates (age, gender, residence, prior help-seeking) in Step 1 and self-efficacy in Step 2. Hypothesis 2 was tested using a simple mediation model (PROCESS Model #4) with self-efficacy predicting help-seeking attitudes directly and indirectly via self-stigma. Indirect effects were examined using 5000 bias-corrected bootstrapped samples and an effect was deemed significant if the 95% confidence interval did not include zero (Preacher & Hayes, 2008). The self-efficacy × gender interaction term (with self-efficacy mean-centred) was entered into the regression model to test the hypothesis 3. A p value of < .05 (two-tailed) was considered statistically significant.

Results

Table 1

Descriptive Statistics, Reliabilities, and Correlations Among Study Variables (N = 412)

Variable	M	SD	α	1	2	3
1. Age	20.8	1.9	-	-		
2. Self-efficacy (GSE)	28.6	5.4	.86	.04	-	
3. Self-stigma (SSOSH)	2.90	0.72	.84	−.02	−.27***	-
4. Help-seeking attitudes (ATSPPH-SF)	17.9	4.6	.78	.05	.31***	−.42***

Note. ***p < .001.

Self-efficacy was positively correlated with help-seeking attitudes, r = .31, p < .001, and negatively correlated with self-stigma, r = −.27, p < .001. Self-stigma was negatively related to help-seeking attitudes, r = −.42, p < .001. Age was unrelated to any of the main variables.

Table 2

Hierarchical Regression Predicting Help-Seeking Attitudes (N = 412)

Predictor	Step 1 β	Step 2 B	SE B	Step 2 β	p
Age	.04	0.07	0.10	.03	.49
Gender (0 = male, 1 = female)	.17	1.48	0.42	.16	< .001

Predictor	Step 1 β	Step 2 B	SE B	Step 2 β	p
Residence (0 = rural, 1 = urban)	.08	0.57	0.42	.06	.17
Prior help-seeking (0 = no, 1 = yes)	.19	1.91	0.52	.17	< .001
Self-efficacy	—	0.25	0.04	.29	< .001
R^2	.06	.14			
ΔR^2		.08			< .001

Note. B = unstandardized coefficient; β = standardized coefficient.

To test Hypothesis 1, help-seeking attitudes were regressed on the covariates and then on self-efficacy (Table 2). The covariates in Step 1 explained 6% of the variance in attitudes, $F(4, 407) = 6.50$, $p < .001$, with female gender ($\beta = .17$, $p = .001$) and prior help-seeking ($\beta = .19$, $p < .001$) emerging as significant predictors. Adding self-efficacy in Step 2 produced a significant increase in explained variance, $\Delta R^2 = .08$, $F(1, 406) = 38.20$, $p < .001$, bringing the total R^2 to .14. Self-efficacy was a significant positive predictor, $B = 0.25$, $SE = 0.04$, $\beta = .29$, $p < .001$, indicating that each 1-point increase in self-efficacy was associated with a quarter-point increase in help-seeking attitude scores.

Table 3

Simple Mediation Analysis of Self-Efficacy, Self-Stigma, and Help-Seeking Attitudes

Path / Effect	B	SE	95% CI	p
Path coefficients				
Self-efficacy → Self-stigma (a)	−0.036	0.007	-	.001
Self-stigma → Help-seeking attitudes (b)	−2.320	0.290	-	.001
Total effect (c)	0.264	0.040	-	.001
Direct effect (c′)	0.179	0.039	-	.001
Indirect effect	0.084	0.018*	0.050, 0.121	-
Completely standardized indirect effect	0.098	-	-	-
Indirect effect with covariates	0.079	-	.046, 0.115	-

Hypothesis 2 was examined with a simple mediation model. Self-efficacy significantly predicted lower self-stigma (a path: $B = -0.036$, $SE = 0.007$, $p < .001$), and self-stigma significantly predicted less favorable attitudes when self-efficacy was held constant (b path: $B = -2.32$, $SE = 0.29$, $p < .001$). The total effect of self-efficacy on attitudes was significant (c path: $B = 0.264$, $SE = 0.040$, $p < .001$). When self-stigma was included in the model, the direct effect of self-efficacy remained significant but was reduced (c′ path: $B = 0.179$, $SE = 0.039$, $p < .001$).

The indirect effect of self-efficacy on help-seeking attitudes through self-stigma was significant, $B = 0.084$, bootstrap $SE = 0.018$, 95% CI [0.050, 0.121], with a completely standardized indirect effect of .098. The indirect pathway accounted for approximately 32% of the total effect. Results were substantively unchanged when age, gender, residence, and prior help-seeking were included as covariates indirect effect = 0.079, 95% CI 0.046, 0.115. The pattern is consistent with partial mediation, and Hypothesis 2 was supported.

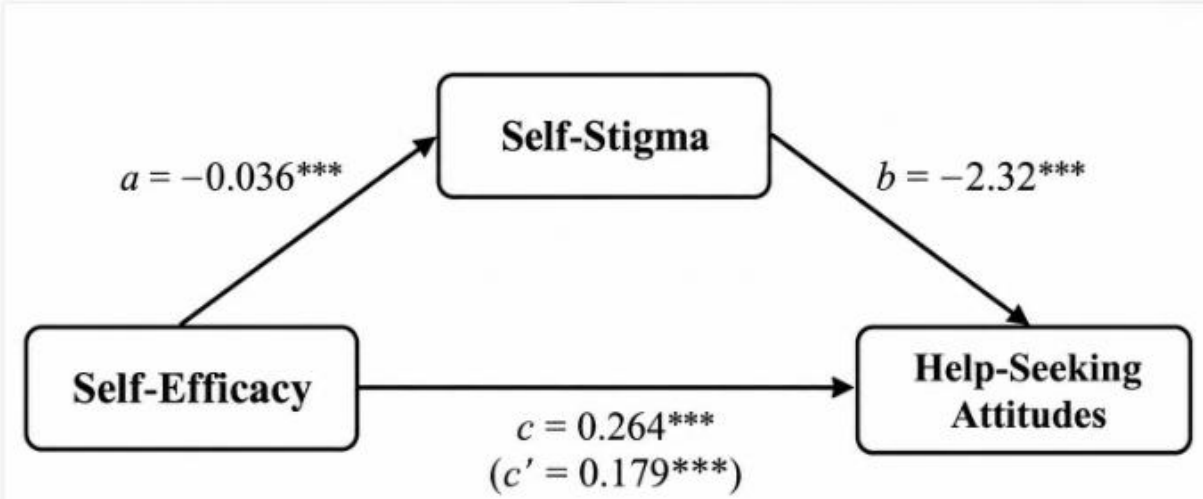


Figure 1.

*Mediation model. Self-efficacy → Self-stigma (a = −0.036***); Self-stigma → Help-seeking attitudes (b = −2.32***); Self-efficacy → Help-seeking attitudes, total effect (c = 0.264***) and direct effect (c′ = 0.179***). ***p < .001.*

Table.4

Moderator of the Relationship Between Self-Efficacy and Help-Seeking Attitudes

Predictor / Statistic	B	ΔR^2	F	p
Self-efficacy × Gender (interaction)	-	.001	0.40	.53
Simple slopes				
Self-efficacy → Help-seeking attitudes (Women)	0.27	-	-	< .001
Self-efficacy → Help-seeking attitudes (Men)	0.22	-	-	< .001

Hypothesis 3 predicted that the association between self-efficacy and help-seeking attitudes would be stronger for men. The self-efficacy × gender interaction added no explanatory power beyond the main effects, ΔR^2 = .001, F(1, 405) = 0.40, p = .53. Simple slopes were similar for women (B = 0.27, p < .001) and men (B = 0.22, p < .001). Hypothesis 3 was not supported; self-efficacy was positively associated with help-seeking attitudes to a comparable degree in both groups.

Discussion

The present study explored the relationships between self-efficacy and attitudes toward seeking professional psychological help in young adults of Pakistan and the role of self-stigma in explaining this relationship. Three major findings arose. First, after controlling for demographic variables and previous help-seeking, self-efficacy was a positive predictor of help-seeking attitudes. Second, self-stigma partially mediated this relationship, such that youth who had greater self-efficacy scored lower in self stigma and as a result, more favorably in attitudes. Third, there was no gender difference between the relationship of self-efficacy and attitudes. More positive attitudes, regardless of efficacy were found for women and persons with previous professional contact.

A positive correlation between self-efficacy and help-seeking attitudes provides support for the idea that self-efficacy is a psychological resource that facilitates the perception of professional help as more acceptable to engage in. This result is in contrast to the common sense notion that a confident and self-reliant person would not need external assistance. It can be interpreted that

self-efficacy fosters a problem-solving attitude. Someone with the idea that problems can be solved will want to know what resources can be used to solve the problem, and a counsellor or psychologist may be one of those resources. Help-seeking can then be understood as a form of agency as Bandura (1997) suggested that efficacy beliefs influence what activities and environments people will choose to be in.

The impact on the measures was small. Self-efficacy accounted for 8% of the variance in attitudes over and above the covariates, which is comparable to the contribution of one psychological predictor of attitudinal outcomes and is sufficient for practical purposes in the face of numerous factors that shape the approach to a professional. Attitudes, however, are not behavior. They are an important antecedent of intention and action (Ajzen, 1991) but the distance between positive attitudes and actual service use is large and especially in the case of services that are scarce. Generalized self-efficacy also may not be as predictive as efficacy beliefs related to help-seeking, including self-efficacy in seeking therapy and providing a description of problems to a professional.

The mediation results add to a growing literature showing that internalized stigma is a proximal barrier to help-seeking (Clement et al., 2015; Vogel et al., 2007). Youth with high self-efficacy tend to feel less like they are inadequate in seeking assistance from others, and/or may have more positive attitudes toward treatment. About one third of the association between self-efficacy and attitudes was carried by this pathway. The other direct effect is the rest effect, which means that there are other mechanisms at work. Self-efficacy would, for instance, have a dampening effect on the anxiety of entering services, enhance problem recognition or boost treatment confidence—all of which are not measured here.

Self-stigma may be more likely to be linked to family reputation and social standing in collectivist societies like Pakistan. Distress can be sadistic, moral or social and depression of the family member using mental health services may be a cause of shaming the family. This type of self-stigma might then involve not only the person's individual feelings of weakness but also worry about what their decisions say about them. The SSOSH is a questionnaire that was developed in the United States, and while it had high reliability with the present sample, it may not fully capture these relational aspects. Future research might combine this with family stigma and public stigma measures to shed light on the interaction between various types of stigma and efficacy beliefs.

The absence of a moderating effect of gender was surprising as norms of self-reliance and emotional restraint are generally believed to be more pronounced for young men (Komiya et al., 2000). The result implies that while men have a lower level of openness, efficacy is related to openness in a comparable manner across both groups. This is good news for intervention work, as it suggests that efficacy-building methods don't have to be developed specifically for females and males to be applicable. The overall gender effect was small-to-moderate in size and similar to past findings (Nam et al., 2010): Women had more positive attitudes. The most pronounced covariate was that the people who sought help before the study first reported had almost 1 standard deviation greater on the measure that there were people who did not seek help beforehand. This is in line with evidence that positive contact experiences reduce uncertainty and misconceptions about treatment (Gulliver et al., 2010). The directionality of this relationship cannot be isolated from the cross sectional data - having positive experiences can lead to positive attitudes, and people with positive attitudes are more likely to seek help initially. Attitudes were not significantly related to residence, which could be due to the university-based sample. The null finding should be interpreted to apply only to a subset of rural students who have progressed to higher education and cannot be extrapolated to other young people in the community, beyond education.

Conclusion

A higher self-efficacy was linked to more positive attitudes towards seeking professional psychological help in a sample of Pakistani young adults, with part of this linkage explained by a higher level of self-stigma. This relationship was the same for both men and women. The findings indicate that enhancing young people's self-efficacy and decreasing the stigma associated with getting help could make professional help an appropriate and acceptable option. There is a significant need for mental health services for young people that has not yet been met, and additional scientific studies with high-quality, culturally-relevant tools are warranted.

Limitations

First, because of cross-sectional design, it is not possible to draw conclusions about causal direction. Positive help-seeking experiences may increase self-efficacy or low self-stigma may allow for participation in activities that increase self-efficacy. Mediation analysis in cross-sectional data should be viewed as a test of consistency with a theoretical model, not as evidence of a causal sequence and alternative sequences of variables should be explored. Second, the sample was convenience and snowball sampled from universities in one province and there is limited generalizability. Students are better educated, and have access to a greater amount of information about mental health than many of their peers, and the sample may include individuals who are comfortable discussing mental health. Third, all of the measures were self-reported measures, and may be subject to social desirability and common method variance, particularly for such a sensitive topic as mental health. Fourth, the instruments were

created in western contexts. The reliabilities were decent, but no formal tests were conducted for measurement invariance and factor structure in the Pakistani context. Finally, no measurement of current psychological distress, symptom severity or perceived stigma of the public was taken in the study, which might have an effect on efficacy and help-seeking attitudes, and could serve as confounding.

Directions for Future Research.

Longitudinal and experimental designs can be used to determine the direction of effects, such as testing for the impact of an efficacy-enhancing intervention on self-stigma and attitudes over time. The behavioral consequences, e.g., actual consultation or intentions to seek help for particular issues, should be measured and examined to assess the attitudinal effects that lead to behavior. Help-seeking self-efficacy (or confidence to seek services) may be correlated with general self-efficacy to determine which is the higher predictor. The sample should also be expanded to involve non-student youth, adolescents and others from various provinces and socio-economic status, and take into account the importance of family, religion and community. Using mixed-methods would help make an accurate determination of culturally specific barriers and facilitators not captured by quantitative scales.

References

1. Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human*
2. *Decision Processes, 50*(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020-T
3. Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191–215. https://doi.org/10.1037/0033-295X.84.2.191
4. Bandura, A. (1997). *Self-efficacy: The exercise of control.* W. H. Freeman.
5. Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine, 45*(1), 11–27. https://doi.org/10.1017/S0033291714000129
6. Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Lawrence Erlbaum Associates.
7. Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist, 59*(7), 614–625. https://doi.org/10.1037/0003-066X.59.7.614
8. Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*(4), 368–373.
9. Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry, 10*, Article 113. https://doi.org/10.1186/1471-244X-10-113
10. Hayes, A. F. (2022). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (3rd ed.). Guilford Press.
11. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593–602. https://doi.org/10.1001/archpsyc.62.6.593
12. Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*(1), 138–143. https://doi.org/10.1037/0022-0167.47.1.138
13. Mirza, I., & Jenkins, R. (2004). Risk factors, prevalence, and treatment of anxiety and depressive disorders in Pakistan: Systematic review. *BMJ, 328*(7443), 794. https://doi.org/10.1136/bmj.38001.540660.44
14. Nam, S. K., Chu, H. J., Lee, M. K., Lee, J. H., Kim, N., & Lee, S. M. (2010). A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health, 59*(2), 110–116. https://doi.org/10.1080/07448481.2010.483714
15. Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: A global public-health challenge. *The Lancet, 369*(9569), 1302–1313. https://doi.org/10.1016/S0140-6736(07)60368-7

16. Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods, 40*(3), 879–891. https://doi.org/10.3758/BRM.40.3.879

17. Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health, 4*(3), 218–251. https://doi.org/10.5172/jamh.4.3.218

18. Scholz, U., Doña, B. G., Sud, S., & Schwarzer, R. (2002). Is general self-efficacy a universal construct? Psychometric findings from 25 countries. *European Journal of Psychological Assessment, 18*(3), 242–251. https://doi.org/10.1027//1015-5759.18.3.242

19. Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35–37). NFER-NELSON.

20. United Nations Development Programme. (2018). *National human development report 2017: Unleashing the potential of a young Pakistan.* UNDP Pakistan.

21. Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53*(3), 325–337. https://doi.org/10.1037/0022-0167.53.3.325

22. Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology, 54*(1), 40–50. https://doi.org/10.1037/0022-0167.54.1.40



2026 by the authors; Journal of Global Social Transformation (JGST). This is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC-BY) license (http://creativecommons.org/licenses/by/4.0/).