

# ***The Role of Internalized Stigma in the Relationship Between Mental Health Literacy and Professional Psychological Help-Seeking Intentions Among Chinese Young Adults***

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**Abstract.** Professional psychological help-seeking can ensure timely intervention and assist young adults in navigating mental health challenges. In this regard, mental health literacy is typically expected to enhance the intention of seeking help by improving the identification of psychological distress, understanding of treatments, and awareness of professional resources. However, higher levels of mental health literacy do not necessarily translate into greater intentions to pursue professional help. This paper examines the role of internalized stigma in the relationship between mental health literacy and professional psychological help-seeking intention among young Chinese adults from a literature-based perspective. Drawing on the literature about mental health literacy, help-seeking stigma, and barriers to professional help-seeking in the Chinese context, it is proposed that the stigmatized beliefs shared in society may be internalized and integrated into self-concept. The internalization of stigma may inhibit professional help-seeking intentions by triggering shame, self-blame, reduced self-worth, and threats to identity, while concerns about family reputation, disclosure, and social judgment may further increase the perceived cost of seeking help. The analysis shows that mental health literacy may serve as important cognitive basis for professional help-seeking intentions, yet its effect may remain limited when internalized stigma persists. Therefore, mental health education should therefore be combined with anti-stigma strategies, confidentiality protection, normalization of counseling, and culturally sensitive support.

**Keywords:** Mental health literacy, Internalized stigma, Professional psychological help-seeking intentions, Chinese young adults, Knowledge-action gap

## **1. Introduction**

Professional psychological help may support the prevention and treatment of mental health problems among young adults, who may face academic pressure, changing relationships, family expectations, and uncertainty about the future. Even though psychological services are increasingly available in universities and communities, availability alone does not necessarily lead to willingness to use them. However, mental health literacy is the knowledge and beliefs that facilitate recognition, management, and prevention of mental disorders [1, 2]. It can help people detect mental health

problems, understand treatments, and find professional help when needed. Mental health literacy is also linked to more positive attitudes toward help-seeking [3]. However, higher mental health literacy alone may not be sufficient to produce help-seeking intentions. Young adults may know that anxiety and depression can be managed and know where to find mental health services, yet they may still be unwilling to seek professional help. In this case, there is a discrepancy between mental health literacy and help-seeking intention. Internalized stigma may provide one explanation for this gap. When socially shared negative beliefs about mental illness or help-seeking are accepted and applied to the self, professional assistance may become associated with weakness, failure, or negative self-evaluation [4, 5]. Among Chinese populations, factors such as self-reliance, disclosure concerns, family opposition, and fear of burdening family members have also been identified as barriers to professional mental health help-seeking [6]. These social and cultural factors may help explain why increased mental health literacy does not always translate into willingness to seek professional support. Drawing on a literature-based analytical approach, this paper explores how mental health literacy is associated with professional psychological help-seeking intentions, why internalized stigma may reduce such intentions, and how internalized stigma explains the gap between knowledge and willingness to seek professional help.

## **2. Mental health literacy and professional psychological help-seeking intentions**

### **2.1. The definition and dimensions of mental health literacy**

Mental health literacy is understood as the knowledge and beliefs about mental disorders that aid in their recognition, management, and prevention [1]. It includes the abilities to identify psychological problems, understand their causes and risk factors, recognize available treatments, access appropriate support, and adopt attitudes that encourage help-seeking [1, 2]. These factors are relevant for young adults, as persistent symptoms of sadness, anxiety, sleep disturbance, or concentration difficulties can be perceived as temporary stress or a lack of personal strength rather than as signs that professional assistance may be needed. In relation to help-seeking, professional psychological help-seeking intentions refer to people's willingness to approach a counselor, psychologist, psychiatrist, or another relevant mental health professional when experiencing psychological problems. These intentions are different from genuine behavior of seeking help. For example, a person might express a desire for help, but they may not seek support, or another person may search for help only when their distress becomes severe. This distinction implies the fact that the stimulating factors for positive intentions do not necessarily lead to actual behavior.

### **2.2. The relationship between mental health literacy and help-seeking intentions**

Through several mechanisms, mental health literacy may enhance intentions to seek professional help. In particular, accurate recognition of symptoms could strengthen perceived need. This is because young adults who understand the meaning of ongoing emotional or behavioral struggles may be more likely to view professional intervention as appropriate. Also, treatment literacy can lower uncertainty by correcting misconceptions about counseling services. For example, the belief that therapy is only for severe mental illness may make professional help appear less relevant or acceptable. Greater knowledge about available treatments and services may also strengthen perceptions of the usefulness of professional help. In addition, awareness of available services can reduce practical barriers to professional help-seeking by providing information about service locations, appointment procedures, addressable concerns, and confidentiality policies. This may help

explain why Cheng and colleagues found that mental health literacy predicted attitudes toward seeking psychological help even after self-stigma was considered [3]. This finding indicates that knowledge can play a significant role in developing a favorable perception of professional assistance among people.

### **2.3. The knowledge–action gap in mental health literacy and help-seeking**

Despite these positive effects, mental health literacy does not necessarily translate into professional help-seeking intentions. A young adult may recognize the signs of anxiety or depression, understand that counseling could be beneficial, and know how to access mental health services, yet still lack the intention to seek professional help. In this paper, the term knowledge-action gap is used in a broad sense to describe the failure of mental health knowledge to consistently translate into help-seeking intentions, while acknowledging the distinction between help-seeking intentions and actual help-seeking behavior. This gap suggests that mental health literacy, although providing individuals with the cognitive resources to recognize problems and evaluate possible responses, is only one component of the help-seeking process. The transition from knowledge to intention involves additional psychological processes that influence whether individuals are willing to pursue professional support. Therefore, understanding the factors that limit this transition is essential for explaining why greater mental health literacy does not always result in stronger help-seeking intentions.

## **3. The influence of internalized stigma on professional psychological help-seeking intentions**

### **3.1. Formation processes of internalized stigma in psychological help-seeking**

Mental health stigma can exist at both societal and individual levels. At the societal level, public stigma refers to the stereotypes, prejudice, and discrimination directed toward individuals associated with mental illness. These stereotypes may portray people experiencing mental health problems as weak, dangerous, or incapable [4]. Internalized stigma may develop when individuals become aware of these socially shared beliefs, accept them as valid, and apply them to themselves [4, 5].

The formation of internalized stigma involves the transfer of external social beliefs into personal beliefs. Through repeated exposure to stigmatizing messages, individuals may incorporate negative assumptions about mental health problems into their own understanding of themselves and their experiences. This process distinguishes internalized stigma from general awareness of public stigma, as it involves personal acceptance and self-application of stigmatizing beliefs.

Furthermore, internalized stigma related to psychological help-seeking should be distinguished from stigma toward mental illness itself. An individual may recognize that conditions such as anxiety or depression are treatable while simultaneously holding negative beliefs about seeking professional psychological support. In this regard, Vogel, Wade, and Haake conceptualized help-seeking self-stigma as the internalization of negative beliefs associated with seeking psychological assistance [7].

### **3.2. The mechanisms linking internalized stigma to help-seeking intentions**

Internalized stigma may reduce intentions to seek professional help through several psychological mechanisms. One important pathway involves shame. When mental health difficulties are interpreted as signs of weakness or personal inadequacy, acknowledging the need for assistance may

conflict with an individual's desired self-image. Thus, seeking counseling may be experienced as confirming negative beliefs about oneself [4, 7].

Beyond shame, self-blame represents another mechanism through which internalized stigma may influence help-seeking intentions. Young adults may interpret mental health difficulties as the result of personal weakness, poor emotional control, or insufficient self-discipline. When such beliefs are internalized, individuals may perceive themselves as responsible for their problems and may be less willing to consider professional support as an appropriate response [5, 7].

In addition to these self-directed evaluations, internalized stigma may also undermine self-esteem and self-perceptions. Concerns that seeking psychological help reflects incompetence or an inability to cope may create negative evaluations of oneself. Consistent with this perspective, help-seeking self-stigma has been associated with more negative attitudes toward professional help [7]. Eisenberg et al. further found that personal stigma was negatively associated with help-seeking behaviors among college students, although personal stigma and internalized stigma represent distinct concepts [8]. These mechanisms suggest that internalized stigma affects help-seeking intentions by shaping how individuals interpret their mental health difficulties and evaluate themselves in relation to professional support. These beliefs may reduce help-seeking despite recognizing service value.

### 3.3. Factors associated with internalized stigma among Chinese young adults

Among Chinese young adults, internalized stigma may be shaped by broader social and interpersonal contexts, including family expectations, social norms, previous experiences, and values related to independence. This does not suggest that Chinese culture inherently produces stigma; rather, cultural and social environments may influence the types of beliefs individuals encounter and the meanings they attach to psychological difficulties and professional help-seeking. Given that existing evidence is often based on broader stigma and help-seeking research rather than studies specifically examining internalized stigma, these factors are viewed contextual factors rather than direct causal determinants.

The value placed on self-reliance may influence the formation of internalized stigma. In Chinese populations, self-reliance has been identified as a relevant consideration in professional help-seeking [6]. When independence and personal responsibility are strongly emphasized, individuals may gradually incorporate the belief that psychological difficulties should be managed without external assistance. Once internalized, such expectations may become standards for self-evaluation, making the need for professional support appear inconsistent with being capable or resilient.

Family expectations may also shape the internalization of stigmatizing beliefs. In family-oriented contexts, young adults may receive messages emphasizing responsibility toward family members and the avoidance of causing concern or burden. Over time, these expectations may be incorporated into personal beliefs about appropriate coping and self-worth. As a result, the experience of psychological difficulties may be interpreted as a personal challenge and a failure to meet perceived responsibilities toward others [9].

Moreover, social judgments surrounding mental illness and psychological help may further shape internalized stigma. These judgments may include stereotypes portraying mental health problems as severe, shameful, or socially undesirable. Such perceptions have been reflected in qualitative research among Chinese undergraduates, which identified negative social meanings associated with mental illness, including severity, pity, complexity, and exclusion [10]. When internalized, these judgments may make psychological difficulties or help-seeking inconsistent with a positive self-image.

## **4. Internalized stigma as a barrier between mental health literacy and help-seeking intentions**

### **4.1. Mental health literacy and the development of help-seeking intentions**

Although mental health literacy provides an important cognitive foundation for professional help-seeking, knowledge and awareness alone may not be sufficient to develop personal intentions to seek support. Beyond recognition and understanding, the transition from recognizing a need for help to personally accepting and pursuing support involves additional psychological processes. In this regard, recognizing counseling as beneficial in general does not necessarily mean viewing it as appropriate or acceptable for oneself. This distinction suggests that mental health literacy may facilitate help-seeking but does not fully determine help-seeking intentions. Therefore, factors shaping the transition from mental health knowledge to help-seeking intentions can explain why literacy does not always translate into willingness to seek support.

### **4.2. Barriers between mental health literacy and help-seeking intentions**

Although mental health literacy can boost the recognition of psychological difficulties and awareness of available support, knowledge alone does not guarantee the development of help-seeking intentions. The transition from understanding mental health problems to personally accepting the need for professional support involves how individuals interpret these experiences and evaluate the meaning of seeking help. The gap between mental health literacy and help-seeking intentions therefore reflects a failure of knowledge to translate into personal readiness for action. Individuals may understand mental health problems and available services while still perceiving professional help as unnecessary or inconsistent with how they view themselves. This suggests that factors affecting self-evaluation and the perceived meaning of psychological help play an important role in determining whether mental health knowledge becomes a willingness to seek support.

### **4.3. Internalized stigma as an explanation for the knowledge-action gap**

Internalized stigma may provide a potential explanation for the knowledge-action gap because mental health literacy and stigma-related self-evaluation involve different processes. Mental health literacy reflects individuals' ability to recognize psychological problems, understand available treatments, and identify professional resources [1, 2]. In contrast, internalized stigma concerns how individuals interpret these problems and apply socially shared negative beliefs to themselves [4, 5]. Similarly, help-seeking self-stigma refers to negative self-evaluations associated with seeking psychological assistance [7]. These processes may occur independently. Individuals may recognize that professional help is appropriate and available while still viewing help-seeking as inconsistent with their self-image. Internalized stigma may therefore explain why greater mental health knowledge does not always lead to stronger help-seeking intentions.

Existing evidence provides partial support for this theoretical explanation. Cheng and colleagues found that mental health literacy predicted help-seeking attitudes even after help-seeking self-stigma was considered, suggesting that knowledge and stigma-related evaluations are distinct influences on help-seeking outcomes [3]. Moreover, Yang et al. reported that psychological help-seeking stigma statistically mediated the relationship between mental health literacy and professional psychological help-seeking among Chinese college students [11]. However, psychological help-seeking stigma is distinct from internalized stigma, and the cross-sectional design cannot demonstrate causal

mediation. These findings show that stigma-related processes are relevant, while the role of internalized stigma requires further investigation.

Overall, internalized stigma should be understood as a potential explanatory mechanism rather than an established mediator between mental health literacy and help-seeking intentions. Mental health literacy may provide the cognitive basis for recognizing problems and considering professional support, while internalized stigma may affect whether this knowledge becomes personally acceptable and actionable. This perspective helps explain why individuals may possess adequate mental health knowledge while remaining hesitant to seek professional psychological help.

#### 4.4. Strategies for reducing internalized stigma and promoting help-seeking

Effective help-seeking interventions require attention to internalized beliefs that limit the translation of mental health knowledge into intentions. Because shame and negative self-evaluations are central components of internalized stigma, interventions should reframe help-seeking as a form of self-care and adaptive coping rather than a sign of weakness or personal failure [7, 9].

Given the role of shame and negative self-evaluations in internalized stigma, interventions should reframe help-seeking as self-care and adaptive coping rather than personal deficiency. In this way, the normalization of counseling as a constructive response to psychological difficulties may reduce self-worth threats and support positive perceptions of professional support. Beyond self-evaluative concerns, disclosure concerns may shape help-seeking decisions when seeking help is perceived as exposing difficulties or inviting negative evaluation. In response, clear confidentiality information may reduce perceived risks of seeking psychological support [6, 9]. For Chinese emerging adults, culturally sensitive methods should consider self-reliance, family responsibility, and concerns about burdening others [6, 10]. The integration of mental health literacy and stigma-reduction approaches may improve the transition from recognizing psychological difficulties to developing professional help-seeking intentions.

#### 5. Conclusion

This study indicates that Mental health literacy provides an important cognitive basis for professional help-seeking intentions among young adults, but knowledge alone does not always translate into willingness to seek support. In this context, internalized stigma may explain this gap by shaping how individuals evaluate mental health difficulties and the meaning of seeking professional help. Among Chinese young adults, this process may be shaped by self-reliance, family responsibility, and social evaluation concerns. Thus, internalized stigma can be considered a potential explanatory mechanism linking mental health literacy and help-seeking intentions, but its mediating role remains unconfirmed because this paper is based on existing literature rather than original empirical data. Accordingly, help-seeking interventions require mental health literacy education and stigma-reduction approaches targeting negative self-evaluations associated with seeking support. However, this paper does not directly test the relationships among mental health literacy, internalized stigma, and help-seeking intentions. Future studies should use longitudinal or mixed-method designs to examine the role of internalized stigma and distinguish help-seeking intentions from actual behavior.

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