

Article

Why Don't Young People Seek Help for Mental Illness? A Cross-Sectional Study in Greece

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Abstract: Young adults are less likely to seek professional help even though they are most likely to experience mental health problems. The aim of the present study was to investigate young adults' attitudes towards mental illness and self-stigma of help-seeking, identify possible determinants of attitudes and self-stigma, and examine the association between attitudes towards mental illness and self-stigma of help-seeking. The sample consisted of 485 Greek young adults (24.5% men, 75.5% women) aged 18–25 years ($M = 19.54$, $SD = 1.83$) who completed the Attitudes towards Severe Mental Illness (ASMI) and the Self-Stigma of Seeking Help Scale (SSOSH). The results indicated that Greek young adults hold mostly positive attitudes towards severe mental illness and help-seeking, while their unfavorable attitudes are mainly related to difficulties with viewing people with a severe mental disorder as similar to other people, and fear that by seeking professional help a person's worth will be diminished. Gender, age, familiarity with mental health difficulties, education, and relationship status were found to be associated with young adults' attitudes towards severe mental illness and self-stigma of help-seeking. Finally, stereotyping, pessimistic beliefs, and negative beliefs about coping with mental illness were identified as key determinants of self-stigma of help-seeking. These findings suggest a need for age- and gender-sensitive psychoeducational interventions specifically designed to promote young adults' mental health literacy and to ameliorate unfavorable attitudes towards mental illness in order to increase help-seeking behavior.

Keywords: attitudes towards mental health; self-stigma of help seeking; young adulthood



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1. Introduction

Young adulthood (between 18 and 25 years of age) is a developmental transitional period during which people experience a variety of psychological, social, and environmental changes. Young people may initiate or perpetuate problematic behavior patterns that begin in adolescence and continue in later life [1,2]. Some of these are gambling [3,4], depression [5,6], stress and anxiety [7], substance use [8], and related criminality [9]. In 2020–2021, the National Survey of Mental Health and Wellbeing (NSMHWB) in Australia reported a 12-month prevalence of mental disorders for young adults aged 16–24 years as high as 39.6%, thus indicating that almost two in five young people had experienced a mental disorder during the last 12 months [10]. While young people are most likely to experience mental health problems and have the greatest need for mental health interventions, they are the least likely to seek professional help [11,12]. Seeking professional help for mental health difficulties is widely recognized as an overall protective factor, and early treatment and prevention are critical during adolescence and young adulthood because of the high incidence of mental health problems during this period [13,14].

In order to better address young adults' needs, it is critical to identify factors that facilitate or hinder youth help-seeking behaviors, and further to use this knowledge to improve mental health services' delivery and accessibility [15]. Previous research has focused on systemic barriers that impede help-seeking, such as problems recognizing

symptoms, which is conceptualized as poor mental health literacy [16,17]. Radez et al. [18] conducted a systematic review of all studies focusing on facilitators and barriers to help-seeking from young people's perspectives. The main reasons given by children and adolescents for not seeking professional help are negative perceptions of help-seeking, a lack of mental health knowledge, and mental health stigma and embarrassment. According to the same systematic review, young people reported problems with committing to the process of professional help-seeking, mostly preferring to rely on themselves when facing difficulties.

At the individual level, demographic characteristics (e.g., age, gender) and social factors (e.g., education, relationship status) determine an individual's willingness to use mental health services. Being younger than 25 years has been associated with higher personal stigma levels [19]. At young ages, help-seeking is seen as abnormal or unacceptable and may stigmatize the individual due to their inability to conform to perceived social expectations and norms [20]. Furthermore, gender roles are considered a significant barrier to professional help-seeking, especially for men [21]. Men are traditionally seen as having to be strong and to cope on their own, without needing help from others, as a symbol of their masculinity. On the other hand, women reported lower levels of perceived stigma towards mental illness and help-seeking, and they are more likely to seek both professional and non-professional mental healthcare [22]. Concerning educational level, university students, especially those who study psychology or a similar field (e.g., social work), are more likely to support community mental health policies than students studying other sciences. Psychology is a field that focuses on understanding the biological, psychological, and social factors behind mental illness, enhancing students' knowledge and understanding of mental health difficulties and making them less likely to oppose policies that help people with mental illness [23]. Thus, psychology students are more willing to seek help because of their increased mental health literacy [24,25], which comes from attending psychopathology or abnormal psychology courses [26]. Regarding relationship status, single or never married young adults report more negative attitudes toward seeking care [27], and less tolerant attitudes toward mentally ill people, than those who are married [28].

All mental health stigma-related outcomes have improved between 2009 and 2017, and positive attitudes of young adults towards seeking professional help for mental health difficulties have been reported [29]. However, stigma/embarrassment about help-seeking, and overall negative views towards people with mental illness, have consistently emerged in qualitative and quantitative studies as the most prominent barriers to help-seeking for mental health problems [17].

In Greece, both prejudice and stereotypes are established early in life, and over the years the system of prejudice is reinforced both by the family [30] and the media, which tend to be misleading by focusing one-sidedly on the dangerousness of people with mental health issues [31]. In research on seeking help confined to the general population, even though the Greek general population feels sympathy towards people with mental illness, the desire for strict societal control, and perceptions of superiority, remain prevalent [32]. The majority of people view psychiatric treatment as harmful, although they do not explicitly state it, or they consider it a 'necessary evil', since they believe that psychiatric medication can cause adverse effects to the person who takes it [33]. Studies have shown that men are more likely than women to be open to the possibility of starting a relationship with someone who is mentally ill, perhaps because men are less afraid of mental illness than women [34]. Furthermore, increased familiarity with mental illness is indirectly associated with decreased social distance from people with mental illness, while strengthening social care beliefs and weakening social restriction beliefs appear to be mediators in the aforementioned relationship [35]. Overall, research in the Greek population has indicated openness to help and stigma as significant positive and negative predictors, respectively, of willingness to seek professional help [36].

While there is extensive literature on the Greek population regarding mental health stigma and help-seeking behavior, most of these studies focus on adults. Only a few

studies have focused on young adults' attitudes toward mental illness [34,35,37,38]. The aforementioned studies describe Greek young adults' attitudes towards mental illness and examine factors associated with social distance from people with mental illness, but they do not address factors that influence help-seeking, including attitudes towards mental illness. Furthermore, to the best of our knowledge, no previous study has investigated multiple dimensions of attitudes towards mental illness, such as attitudes about coping with mental illness, stereotypes, pessimistic beliefs, etc., in association with self-stigma of help-seeking. To this end, the present study aimed to explore young adults' attitudes towards mental illness and self-stigma of help-seeking. More specifically, the study set out: (1) to describe young adults' attitudes towards people with severe mental illness and help-seeking behavior; (2) to identify the determinants of attitudes towards people with severe mental illness and help-seeking behavior; and (3) to examine the association between attitudes towards mental illness and help-seeking behavior. On the basis of the existing literature, we hypothesize that: (a) young adults hold positive attitudes towards mental illness and help-seeking behavior from mental health professionals; (b) socio-demographic determinants such as gender, age, education, and relationship status, as well as familiarity with mental health difficulties, are related to young people's attitudes towards mental illness and self-stigma levels; and (c) attitudes towards mental illness are associated with self-stigma of help-seeking in young adults.

2. Methods

2.1. Participants

Participants had to be between 18 and 25 years old and have a good understanding of the Greek language in order to be eligible for inclusion in the study. The questionnaires were completed by 530 participants. Eighteen participants were removed from the analysis as they did not respond to any of the study variables. A further 27 participants were removed because they had extended missing values. The final sample consisted of 485 students drawn from a regional university in Greece, of whom 119 were male students (24.5%), and 366 were female students (75.5%). The mean age of the sample was 19.54 years (± 1.45). The data were collected from various university departments of the School of Social Sciences of the University of Crete, Rethymnon, Greece, with the majority coming from the Psychology Department (66.4%). Almost half of the sample (45.4%) were first-year students. Most participants were Greek (97.9%) and came from urban areas (80.8%). A noteworthy proportion of the participants (67.4%) mentioned that they did not have an intimate relationship at the time the study was conducted. Table 1 presents the socio-demographic characteristics of participants.

Table 1. Socio-demographic characteristics of participants (n = 485).

	Mean	SD
Age (years)	19.54	1.45
	N	%
Gender		
Male	119	24.5
Female	366	75.5
Nationality		
Greek	475	97.9
Other	10	2.1
Origin		
Urban	392	80.8
Rural	93	19.2

Table 1. *Cont.*

	Mean	SD
Relationship status		
No relationship	327	67.4
In a relationship	158	32.6
Department of study		
Psychology	322	66.4
Sociology	102	21.0
Political Science	39	8.0
Economics	22	4.5
Year of study		
1st	220	45.4
2nd	73	15.0
3rd	126	26.0
4th or higher	66	13.6

2.2. Measures

Socio-demographic data and familiarity with mental illness. Socio-demographic information was collected, including age, gender, nationality, relationship status, place of origin, current education year, and department. We also collected information about familiarity with mental illness by asking participants to indicate previous history of help-seeking behavior, reasons for help-seeking behaviors, and type of mental health treatment.

Attitudes towards Severe Mental Illness (ASMI). The ASMI was originally developed in Greece by Madianos and colleagues [39]. The scale assesses beliefs and attitudes towards people with severe mental illness and consists of 30 items rated on a 4-point Likert scale (1: disagree, 2: rather disagree, 3: rather agree, 4: agree). The scale is composed of the following 4 factors: (1) Stereotyping (11 items)—this factor taps endorsement of stereotypical beliefs about severe mental illness; (2) Optimism (6 items)—this factor describes positive attitudes about severe mental illness and its recovery; (3) Coping (7 items)—this factor addresses strategies of coping with the illness and the stigma associated with it; and (4) Understanding (6 items)—this factor taps respondents' perception about how the person with severe mental illness feels or thinks. The statements of the Stereotyping factor are reverse-coded in order to avoid the emergence of response bias. Higher composite scores indicate non-stigmatizing attitudes and opinions. The scale has good psychometric properties [39]. In the current study, the ASMI demonstrated fair to poor internal consistency; Cronbach's α coefficient was 0.65 for stereotypes, 0.69 for optimism, 0.59 for coping, and 0.71 for understanding.

Self-Stigma of Seeking Help Scale (SSOSH). The SSOSH was originally developed by Vogel et al. [40] and assesses the self-stigma associated with seeking psychological help. The scale consists of 10 items rated on a 5-point scale from 1 (totally disagree) to 5 (totally agree). Five items are reversed-scoring and total scores range from 10 to 50. Higher scores in the SSOSH scale indicate higher endorsements of self-stigma or greater self-stigma toward seeking psychological help. The SSOSH has been examined in different samples from six different countries including Greece and the results suggest that it has a similar unidimensional structure across the different countries. The scale has demonstrated adequate internal consistency, test-retest reliability, and predictive validity of actual help-seeking behavior [41]. In the current study, the SSOSH demonstrated fair reliability levels ($\alpha = 0.73$).

2.3. Procedure

Participants studying at the undergraduate level at the School of Social Sciences of the University of Crete were informed for the purposes of the present research and recruited either in person or via online posts on social media student groups (i.e., Facebook). In the first case, individuals were administered the questionnaires in the university campus by the research team; in the second case, they could take part in the survey online by following a link. In both cases, information regarding the purpose of the research as well as anonymity and voluntary participation was provided prior to data collection. Confidentiality was assured and informed consent was obtained from the participants. The mean time to complete the questionnaires was approximately 15 minutes. The study was conducted in accordance with the ethical standards delineated in the Declaration of Helsinki. Ethical approval was granted by the University of Crete's Research Ethics Committee.

2.4. Statistical Analysis

All statistical analyses were performed using SPSS Statistics 29 software (IBM, Armonk, NY, USA). Descriptive analysis was conducted for the description of the mean and standard deviation of all numerical continuous variables and the calculation of percentages for categorical and ordinal variables. Student's *t* test and analysis of variance (ANOVA) were used for comparison of means between groups. Pearson's *r* correlation coefficient was used to estimate the strength of the association between continuous variables. Multiple linear regression models were implemented to estimate the associations between the independent variables (attitudes towards mental illness) and dependent variable (self-stigma of professional help-seeking) after adjusting for confounding variables. Potential confounders related to both the independent and dependent variables in the bivariate analysis with a *p*-value <0.05 were included in the multiple regression models. Estimated associations are described in terms of β -coefficients (beta) and their 95% confidence intervals (CI). All hypothesis testing was conducted assuming a 0.05 significance level and a two-sided alternative hypothesis.

3. Results

3.1. Familiarity with Mental Health Issues

One hundred and seventy-five out of 485 participants (35.5%) reported mental health problems. In this subsample of those who positively responded about previous help-seeking, the most common mental health problems were anxiety symptoms (58.1%), depressive symptoms (16.9%), and other problems such as family issues or academic stress (25.0%). The vast majority of participants preferred consultation with a psychologist (92.4%), whereas only 7.6% had asked for help from a psychiatrist or other mental health professional (i.e., general practitioner). Concerning the type of therapy, 93% reported that they had received psychotherapy for their mental health problems, while only a small proportion (7.0%) reported pharmacotherapy or combined therapy (Table 2).

Table 2. Participants' familiarity with mental health issues.

	N	%
Previous help-seeking		
Yes	172	35.5
No	313	64.5
Type of difficulty		
Anxiety symptoms	100	58.1
Depressive symptoms	29	16.9
Other reasons (family issues, academic stress, etc.)	43	25.0

Table 2. Cont.

	N	%
Mental health professional		
Psychologist	159	92.4
Psychiatrist/other	14	7.6
Type of therapy		
Psychotherapy	159	93.0
Pharmacotherapy/combined therapy	13	7.0

3.2. Descriptive Results about Young Adults' Attitudes towards People with Mental Illness and Help-Seeking Behaviors

Young adults held mainly positive attitudes towards people with severe mental illness. However, there were a few instances where participants reported negative attitudes toward people with mental health problems. Specifically, 20.2% of participants agreed (agree/rather agree) with the item that "Severe mental illness makes the person who suffers from it look ill from a distance," and 18.2% agreed (agree/rather agree) with the item "People with severe mental illness are dangerous." The aforementioned items are included in the stereotyping subscale of ASMI, which taps endorsement of stereotypical beliefs about severe mental illness. In a similar vein, 29.0% of the sample disagreed (disagree/rather disagree) with the item "People with severe mental illness don't differ from other people," while 18.0% of participants disagreed (disagree/rather disagree) with the item "To be taking psychiatric medication does not make an individual different from others." The aforementioned items are included in the optimism subscale of ASMI, which addresses positive beliefs and attitudes about severe mental illness and patients. There was only one instance where participants appeared to be divided, and it was broadly focused on how responsible for causing burden to his/her family the person with severe mental illness feels. Specifically, 43.2% of the sample agreed (agree/rather agree) with the item "Other people blame individuals with severe mental illness for the suffering of the family," whereas 35.3% disagreed (disagree/rather disagree) and 21.5% were undecided. This item is included in the understanding subscale of ASMI, which describes the extent to which the respondents can place themselves in patients' shoes. As far as self-stigma of seeking help is concerned, 46.6% of participants agreed (agree/rather agree) with the item "I would feel worse about myself if I could not solve my own problems," and 29.9% of the sample disagreed (disagree/rather disagree) with the item "My self-confidence would remain the same if I sought help for a problem I could not solve" of SSOSH, thus indicating fear that by seeking help or going to therapy a person's worth will be diminished.

3.3. Descriptive Statistics and Bivariate Correlations between the Study Variables

Means, standard deviations, and the intercorrelations for the major study variables are presented in Table 3. Self-stigma of help seeking was negatively associated with stereotyping ($r = -0.15, p < 0.01$), optimism ($r = -0.14, p < 0.01$), and coping ($r = -0.19, p < 0.01$). Statistically significant positive intercorrelations were observed for the four subscales of the ASMI.

3.4. Association of Participants' Characteristics with Attitudes towards Mental Illness and Self-Stigma of Help-Seeking

Significant differences between male and female subjects were found regarding previous help-seeking and attitudes toward mental illness. Specifically, female subjects were found to be more likely to seek psychological help for their problems as compared to male subjects. Furthermore, female students reported significantly higher mean scores in coping and understanding subscales of the ASMI, indicating more positive attitudes towards mental illness. Additionally, participants in a relationship reported significantly higher mean scores in the understanding subscale of the ASMI. Individuals familiar with

mental illness (who reported previous mental help-seeking) had significantly higher scores in stereotyping (thus more positive attitudes), and lower scores in SSOSH, indicating lower self-stigma of help-seeking. Finally, age was positively related to the stereotyping subscale and negatively related to the understanding subscale, while academic year was positively associated with the stereotyping and optimism scales of the ASMI (Table 4).

Table 3. Means, standard deviations, and inter-correlations between the study variables.

	Mean	SD	1	2	3	4	5
1. ASMI Stereotyping	34.22	6.31	1				
2. ASMI Optimism	18.44	4.30	0.46 ***	1			
3. ASMI Coping	25.90	2.95	0.28 ***	0.22 ***	1		
4. ASMI Understanding	16.77	4.73	0.15 **	0.14 **	0.19 ***	1	
5. SSOSH	21.91	5.04	−0.15 **	−0.14 **	−0.19 **	−0.04	1

Abbreviations: ASMI: Attitudes towards Severe Mental Illness; SSOSH: Self-Stigma of Seeking Help Scale; SD: Standard Deviation. ** $p < 0.01$, *** $p < 0.001$

Table 4. Associations of participants' characteristics with attitudes towards mental illness and self-stigma of help-seeking.

	ASMI Stereotyping	ASMI Optimism	ASMI Coping	ASMI Understanding	SSOSH ^a
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Gender					
Male	34.17 (6.24)	18.47 (3.88)	24.87 (3.77) ***	15.76 (5.00) **	23.50 (5.00) ***
Female	34.23 (6.34)	18.43 (4.43)	26.24 (2.54)	17.10 (4.60)	21.40 (4.94)
Origin					
Urban	34.16 (6.40)	18.40 (4.35)	25.89 (2.90)	16.90 (4.72)	21.89 (5.09)
Rural	34.46 (5.95)	18.62 (4.09)	25.92 (3.16)	16.22 (4.75)	22.02 (4.85)
Relationship status					
No relationship	34.13 (6.10)	18.28 (4.34)	25.73 (2.96)	16.42 (4.73) *	22.11 (5.02)
In a relationship	34.46 (6.74)	18.77 (4.23)	26.24 (2.91)	17.47 (4.68)	21.42 (4.99)
Department of study					
Psychology	34.77 (6.24) **	18.42 (4.44)	26.18 (2.76) ***	16.93 (4.64) **	21.49 (4.93) ***
Sociology	33.64 (6.14)	18.38 (4.30)	25.88 (2.71)	17.11 (4.60)	21.79 (4.74)
Political Science	33.28 (5.53)	19.31 (4.49)	24.44 (4.04)	16.18 (5.08)	23.79 (5.54)
Economics	30.45 (7.94)	17.41 (3.43)	24.45 (3.36)	13.82 (5.25)	25.36 (5.21)
Previous help-seeking					
Yes	35.14 (6.08) **	18.47 (4.08)	26.14 (2.88)	17.23 (4.17)	21.26 (4.97) **
No	33.71 (6.38)	18.42 (4.42)	25.77 (2.98)	16.51 (5.00)	22.27 (5.04)
Age	$r = 0.120$ **	$r = 0.086$	$r = -0.071$	$r = -0.101$ *	$r = -0.026$
Academic year	$r = 0.180$ ***	$r = 0.120$ **	$r = -0.04$	$r = -0.08$	$r = -0.02$

Abbreviations: ASMI: Attitudes towards Severe Mental Illness; SSOSH; Self-Stigma of Seeking Help Scale; SD: Standard Deviation. ^a Statistical significant differences at * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, based on t -test, ANOVA or Pearson r correlation coefficient.

3.5. Multivariate Associations between Young Adults' Attitudes towards Mental Illness and Self-Stigma of Help-Seeking

Table 5 presents the results from the multivariate analysis. Participants' gender, age, type of department, academic year, and previous psychological help-seeking were included in the multivariable models as potential confounders in the relationship between young adults' attitudes towards mental illness and self-stigma of help-seeking. The results showed that increased scores on the ASMI subscales of stereotyping (β coefficient -0.11 , 95% CI: $-0.18, -0.04$), optimism (β coefficient -0.16 , 95% CI: $-0.27, -0.06$), and coping (β coefficient -0.26 , 95% CI: $-0.41, -0.11$) indicating positive attitudes towards mental illness were associated with decreased scores in SSOSH, indicating less self-stigma towards help-seeking.

Table 5. Associations of attitudes towards mental illness and self-stigma of help-seeking, multivariate analysis.

	SSOSH ^a		
	β -Coefficient	95% CI	<i>p</i> -Value
ASMI Stereotyping	-0.11	$(-0.18, -0.04)$	0.003
ASMI Optimism	-0.16	$(-0.27, -0.06)$	0.002
ASMI Coping	-0.26	$(-0.41, -0.11)$	0.001
ASMI Understanding	-0.02	$(-0.12, 0.07)$	0.640

Abbreviations: ASMI: Attitudes towards Severe Mental Illness; SSOSH: Self-Stigma of Seeking Help Scale.
^a β -coefficients and 95% CI of β retained from linear regression. All models adjusted for participants' gender, age, department of studies, academic year, and previous psychological help-seeking.

4. Discussion

The purpose of the present study was to investigate (1) Greek young people's attitudes towards severe mental illness and self-stigma of help-seeking, (2) a series of possible socio-demographic determinants of attitudes and self-stigma, and (3) the association of attitudes towards severe mental illness with self-stigma of help-seeking. The findings of the present study confirmed our hypotheses. Specifically, Greek young people were found to hold predominantly positive attitudes toward severe mental illness. However, in some cases, they espoused stereotyping and self-stigmatizing attitudes concerning people with mental illness and help-seeking. Their unfavorable attitudes were mainly related to difficulties viewing people with mental illness as similar to others and a fear that by seeking help or going to therapy a person's worth will be diminished. Gender, age, familiarity with mental health difficulties, education, and relationship status appeared to play a role in youths' attitudes towards severe mental illness and their self-stigma of help-seeking. Finally, stereotyping, pessimistic beliefs, and negative beliefs about coping with mental illness were identified as key determinants of self-stigma of help-seeking.

According to our findings, Greek young adults' attitudes towards severe mental illness are mostly positive, with few exceptions. Specifically, almost one-third of the participants had difficulties viewing people with severe mental health problems as similar to others, and almost half of the participants espoused opinions such as that not being able to solve one's own problems is a reason to feel bad about oneself. Current literature on whether young people hold a stronger stigma towards mental illness than older people is inconclusive, with some studies suggesting that younger people indeed report higher stigma levels [42,43] and other studies reporting that stigma increases with age [44]. Concerning help-seeking, our findings agree with a recent study by Radez et al. [18], which showed that young people often prefer relying on themselves to handle mental health problems to asking for help. A possible explanation is that even when young people hold favorable attitudes towards mental illness, asking for help for themselves may challenge the well-documented feeling of invincibility experienced during youth [45–47], leaving them more vulnerable to self-stigma.

Regarding the socio-demographic determinants of young people's attitudes towards mental illness and self-stigma levels, male gender was identified as a key risk factor. Specifically, men reported significantly more pessimistic attitudes concerning coping with severe mental illness, less understanding of people with mental disorders, and higher self-stigma than women. This finding is in line with previous studies that show that men hold more stigmatizing attitudes towards mental illness than women [42,48,49] and report higher self-stigma concerning help-seeking [21,22,50]. Moreover, psychology students reported more favorable attitudes and less self-stigma than students of other social sciences departments, a finding that highlights the role of mental health literacy in reducing stereotypes, pessimistic beliefs, and self-stigma. Finally, in our study, higher age was linked to a poorer understanding of severe mental illness, but also to fewer stereotyping tendencies, and single status was linked to less understanding of mental illness.

Furthermore, in line with current literature [51,52], having a history of mental health help-seeking was linked to lower stereotyping attitudes and lower self-stigma of help-seeking. In our study, one-third of young adults reported having experienced mental health difficulties. This rate is either similar to or slightly lower than the rates reported in the literature. For example, according to the study by Kessler et al. [53], more than 40% of young adults in the United States (USA) have experienced a mental illness during their lifetime. Moreover, in a recent study by Basta et al. [54], one-third and one-seventh of Greek young adults reported moderate to severe depressive and anxiety symptoms, respectively. According to the model proposed by Kosyluk et al. [52], young people's increased familiarity with mental health problems decreases personal stigma and desire for social distancing, leading to avoidance of labeling and ultimately to more favorable attitudes toward help-seeking. According to our results, self-stigma of help-seeking of Greek young adults appeared to be lower than that reported in current literature by young adults of various other countries, such as Australia, Canada, USA, Hong Kong, Portugal, United Arab Emirates, Turkey, Taiwan, and Romania, but higher than self-stigma of young people in Brazil [55]. However, since various sample characteristics may be linked to self-stigma levels (e.g., lower self-stigma may be associated with the large number of psychology students in our sample), this finding should be interpreted with caution.

According to our findings, attitudes towards severe mental illness were key determinants of young people's self-stigma of help-seeking. Specifically, high stereotyping tendencies, pessimistic beliefs, and negative beliefs about coping with mental illness were linked to higher self-stigma of help-seeking. These findings agree with the recent systematic review and meta-analysis by Schnyder et al. [56], which showed that of all stigma types, personal stigma and self-stigma of help-seeking were the ones most closely related to difficulties in help-seeking. According to our findings, personal stigma and self-stigma of help-seeking are linked to each other, since personal stigma seems to increase self-stigma. Indeed, Jennings et al. [57] refer to a domino effect to describe how one type of stigma can lead to another. Moreover, among the specific dimensions of attitudes towards mental illness that were investigated in the present study, negative attitudes about coping were the ones with the closest relationship to self-stigma of help-seeking. Based on the items of ASMI's coping subscale, which describe attitudes about adaptive and maladaptive ways of coping with mental illness, this finding may reflect an internalized stigma about the inefficacy of adaptive coping strategies (e.g., help-seeking) on behalf of young people. As a result, they may turn to maladaptive efforts of dealing with their mental health difficulties by themselves (e.g., hiding their problems) instead of seeking help.

4.1. Strengths and Limitations

In interpreting the findings of this study, one should consider its limitations. First, the study's cross-sectional design precludes determination of the direction of the relationships noted. Second, the study sample mostly consisted of university students, which may limit the generalizability of the results. University students are often assumed to be more advantaged (i.e., higher socioeconomic and educational status) than their non-university

student peers, while the inclusion of mostly female first year university students might influence the results regarding perceptions of attitudes towards mental illness and help-seeking behavior, since gender differences have been reported in other studies. Our findings necessitate replication in the general population to enhance the validity of the conclusions. Third, self-report measures, like the ones used in this study, may be subject to biases (e.g., social desirability). Fourth, in our study, only the subscale Understanding of the ASMI has a fair internal consistency reliability, whereas the other subscales (e.g., Stereotyping, Optimism, and Coping) have a poor internal consistency reliability. Despite its limitations, this study has various strengths, adding to our understanding of the psychosocial and attitudinal determinants of stigma of help-seeking among young adults. First, to our knowledge, this was one of the very few studies investigating not only stereotyping or fear-related beliefs in association with self-stigma of help-seeking, but various attitudes' dimensions, including attitudes about coping with mental illness and understanding mental illness. Moreover, the sample size was large enough to detect small effects. Finally, valid and reliable questionnaires were used to collect data.

4.2. Implications for Practice

Mental illness stigma is prevalent and widespread in Greece [58]. Although Greek people's self-stigma of help-seeking is lower than that of other western countries, such as USA and the United Kingdom, it is also higher than the self-stigma levels reported by people in countries such as Turkey, Israel, and Taiwan [41]. In Greece, anti-stigma efforts for young adults have delivered promising results [38]. However, to our knowledge, to date, all anti-stigma interventions implemented in the country target personal and public stigma. Specific interventions addressing both personal stigma and self-stigma of help-seeking are necessary to facilitate young people's help-seeking intentions and behavior.

This research has several practical applications. First, it can inform the development of interventions aimed at reducing self-stigma of help-seeking in young people and enhance help-seeking behavior for mental health problems. According to our findings, age-sensitive psychoeducational interventions and interventions aimed at promoting young people's mental health literacy should address stereotyping beliefs about mental illness, their pessimistic attitudes about living with a mental disorder and recovering from it, and negative attitudes about coping with mental illness. Moreover, some of the issues emerging from this study relate specifically to young men's high levels of self-stigma of help-seeking. This finding calls for strengthening the sensitivity of family, school, and mental health professionals to detect barriers to help-seeking in young men and to develop and implement gender-specific screening tools and interventions for young men, who may find it difficult to express their distress and ask for help.

Furthermore, as young adults are familiar with new technologies and social media use, digital recourses for promoting mental health awareness could be especially helpful. There are many studies investigating the effectiveness of interventions using multimedia, such as videos, to reduce stigma [59–62]. Currently, various research protocols proposing the investigation of applications to enhance mental health literacy of individuals with mental disorders (e.g., obsessive-compulsive disorder, addictions) are being developed [63–65]. Thus, future development of digital interventions aiming at promoting mental health literacy among young adults could be considered as a critical step towards combating self-stigma of help-seeking during this sensitive developmental stage.

4.3. Conclusions

The results of the present study suggest that Greek young adults endorse mostly positive attitudes towards severe mental illness and help-seeking from mental health professionals. Furthermore, multiple socio-demographic and attitudinal factors determine young people's self-stigma of help-seeking and their willingness to seek help for mental health difficulties. These findings emphasize the need for age and gender-sensitive psychoeducational and mental health literacy promotion interventions, which ought to be

implemented in various domains of young people's lives, including school/university, family, and community. More research is required to elucidate the mechanisms connecting personal and self-stigma, making them possibly promising targets of future psychosocial interventions aimed at facilitating young people's help-seeking attitudes and behavior. Finally, the findings of our study should be replicated in the general population, thus contributing to the enhancement of future psychoeducational interventions aiming at reducing stigma about mental illness in Greek society.

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