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Attitude Towards Formal and Informal Help Seeking Among Youth of India: Assessing the Role of Self and Perceived Stigma

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Abstract: A significant common reason for reduced help seeking behaviour is stigma. The current study explored the relation between help seeking attitudes and mental health stigma (self and perceived) on the youth of India. For this purpose, the research deployed Self-Stigma of Help Seeking Scale (SSOSH), Perception of Stigmatization by Others for Seeking Help (PSOSH), and General Help-Seeking Questionnaire (GHSQ). The research was conducted on a sample of young adults belonging to the age group of 18-26. The sample size was 140 young adults. For data analysis, SPSS was used to examine the relationship between variables using Pearson Correlation Coefficient. Based on this, it was determined that self-stigma and perceived stigma impact on the help-seeking attitudes among young individuals affecting their decisions to seek help from informal and formal sources. It was found that there is a significant relationship between Self-Stigma and Perceived Stigma. In the 2 vignettes that were presented, there was a significant negative relation found between Self Stigma, Perceived Stigma and Help- seeking in the case of 'suicide ideation'. On the other hand, for the 'emotional problem' vignette, Self-Stigma was significantly and negatively related with informal sources. However, there was no significant relationship between self-stigma and formal sources. For perceived stigma, there is no significant relationship with informal and formal sources of help-seeking for emotional problems.

Keywords: *Help- Seeking, Self- Stigma, Perceived Stigma, Young Adults.*

1. Introduction

It is evident that the need for services related to mental health consistently exceeds its utilization. India, which has a huge and diverse population faces a crisis for mental health and

illness (Meghranjani, 2023). The prevalence of mental health disorders in India has risen steadily in recent years, contributing to the escalating public health concern. Estimates suggest that nearly 15% of the Indian population grapples with some form of mental health issue. This figure encompasses many disorders, including anxiety disorders, depression, bipolar disorder, schizophrenia, substance use disorders, and neurodevelopmental disorders (Hossain, 2019).

What is more concerning is that the gap of treatment for mental illness ranges from 70% and 92% across various disorders (Murthy, 2017). Therefore, it is understood that individuals suffering from mental illness experience a significant amount of unmet need. Unmet needs stand for the case in which a person who requires mental health services does not seek or receive help (Rens et al., 2022; Pattyn et al., 2014).

Stigma: Self and Perceived

This gap between wanting help and seeking help requires mental health professionals to discover the barriers to obtain mental health care treatments. Aside from the structural constraints of seeking help (such as lack of mental health professional, economic inadequacies, etc.), there is a key psychological barrier, Stigma, which prevents individuals from seeking help from anyone, especially mental health professionals.

Stigma refers to negative attitudes and ideas that cause individuals to deny, fear, or avoid others who are perceived to be different (Tesfaw et al. 2020). Stigma related to mental health and help seeking involves various dimensions. Self- stigma refers to the self-applying stereotypes related to mental illness and seeking help and is associated with negative consequences, including the inability to seek treatment, loss of personal agency, diminished belief in one’s ability and a decline in overall well- being (Corrigan & Watson, 2002; Subu et al., 2021).

An individual can also be aware about the stereotypes without agreeing with them. Perceived stigma refers to an individual's perceptions about how others view mental illness. Perceived stigma is the fear of discrimination or enacted stigma resulting from societal beliefs (Tesfaw et al. 2020). It refers to the expected reply from others and is thus important for those suffering from mental illnesses who wish to be open regarding their conditions. (Zieger, 2016). Before engaging in a behaviour, people assume the point of view of the generalised other through the role-taking process. As a result, individuals adjust their behaviour and may refuse to seek treatment because they are afraid of others' negative reactions (Pattyn et al., 2014).

Help seeking: Fromal and Informal Sources

Help-seeking for mental health difficulties is the act of seeking external support to

address and cope with concerns related to mental health. This encompasses both formal (e.g., healthcare facilities) and informal (e.g., acquaintances and relatives) sources of assistance (Aguirre Velasco et al. 2020). According to Shumet et al. (2021), many adults prefer to seek help from informal sources (e.g. Family and friends) when they are experiencing stress or emotional problems. Individuals experiencing emotional problems or suicidal thoughts often refrain from seeking help. Calear, Batterham, and Christensen (2014) conducted a study to investigate factors related to individuals' willingness to seek help for suicidal thoughts from various sources such as psychologists, psychiatrists, general practitioners, family or friends, the Internet, or no one. They analysed sociodemographic factors, psychological distress, anxiety levels, and past suicide exposure in a sample of adults aged 18 and above. Their focus, however, was on suicide literacy and stigma. Negative attitudes about suicide were linked to reduced willingness to seek assistance from a psychologist or psychiatrist, whereas knowledge and understanding were linked to an increased readiness to seek help from a family member or friend. Mok et al. (2020) did a regression analysis on individuals with medium/ low and high risk of suicidal ideation. It was revealed that a greater proportion of low/medium risk individuals sought assistance from an intimate partner, other family member, or online mental health service, whereas more high-risk individuals sought help from a parent or psychiatrist. They stressed that assessing the features and trends of various types of seeking help can greatly impact the formulation of successful suicide prevention measures.

Young Adults: Mental health

India boasts the world's highest population of young individuals, surpassing 1.4 billion people. With a population of over 253 million, the adolescent segment in India plays a crucial role in determining the country's economic and developmental success. According to National Research Council, Young adulthood, typically occurring between the ages of 18 and 26, is a phase of transition in which individuals are conventionally anticipated to achieve financial independence, form romantic partnerships, become parents, and take on responsible roles as active and contributing members of society. (Bonnie et al. 2014).

The National Mental Health Survey of India (2015- 2016) provides an estimate of the current prevalence of mental illnesses among individuals aged 18-29 years. The survey found that the present prevalence, excluding tobacco use disorder, is 7.39 %, while the lifetime prevalence is 9.54 %.

Help- seeking and Stigma

Researchers have studied the effects of stigma on help seeking. According to Cole &

Ingram (2020), men's decisions to use self-help, confide in friends and family, and seek professional treatment when sad are influenced by their experiences of gender role conflict and self-stigma of help-seeking. Maeshima & Mike (2022) analysed the correlation between stigma and the act of seeking mental health assistance among Asian American and Asian foreign college students. They concluded that stigma influences help-seeking behaviour among Asian college students, and that international student status influences the strength of the fundamental association between perceived stigma and personal stigma. Another study implies that personal stigmatising attitudes, not observed stigma, affect self-labelling, and underline the need for interventions to help mental illness patients overcome them. They also note the potential impact of self-labelling on help-seeking and the importance of GPs in mental health care (Horsfield et al., 2020). One-third of young people lack mental health information, have negative attitudes towards those with mental health issues, and engage in stigmatizing behaviour (Gaiha et al., 2020).

Hence, the issue that has inspired this investigation is the scarcity of empirical studies into the help-seeking attitudes of Young Adults, specifically in India. The present study investigated the impact of mental health stigma on the attitudes of young adults towards seeking treatment.

1.1 *Research Questions and Hypothesis*

RQ1: To what extent does the Self Stigma of mental health relate with Perceived Stigma for young adults in India?

$H1_1$: Perceived Stigma will be associated positively with Self-Stigma

$H0_1$: Perceived Stigma will not be associated with Self-Stigma

RQ2: To what extent does the Self- Stigma of mental health relate with Help- Seeking attitudes for young adults in India?

$H1_2$: Self- stigma will be associated negatively with help-seeking, and especially more negative with formal sources of help seeking

$H0_2$: Self **S**tigma will not be associated with Help-Seeking, and especially more negative with formal sources of Help- Seeking

RQ2: To what extent does the gender of young adults influence the relationship between Perceived Stigma, Self-Stigma and Help Seeking.

$H1_3$: Gender would be associated with Perceived Stigma, Self-Stigma and Help Seeking.

$H0_3$: Gender would not be associated with Perceived Stigma, Self-Stigma and Help Seeking.

2. *Methods*

Research methods are regarded as a systematic approach to address the research questions effectively. It helps in answering the research question or solving the research problem in a scientific and prompt manner for fulfilling research objectives (Melnikovas, 2018). Research methods are adopted as per the research topic for the purpose of data collection and data analysis.

2.1 *Participants*

The research used the quantitative research approach for examining the role of self and perceived stigma towards help-seeking attitudes. The population considered for this research was young adults in India. The participants of the research involved 140 young adults who belonged to the age group of 18 years to 26 years. Among this sample, 84 young people were females while 56 were males. Majority of the participants recruited in the research were students enrolled in higher educational institutions. It was ensured that the participants were living in urban areas and were recruited using convenience sampling techniques. Convenience sampling is a form of non-probability sampling technique in which the recruitment of the participants is done based on the easy availability and convenience. There is no random selection of individuals, and it allows the selection of the most easily accessible and convenient sample of participants (Stratton, 2021).

2.2 *Materials and Apparatus*

In research, material and apparatus play a critical role in the collection of data for retrieving suitable and appropriate data for answering research questions (Pajo, 2017). For the given research, a number of different tools were used for data collection as per the nature of the study and research problem.

Self- Stigma: To measure Self-Stigma, the Self-Stigma of Help Seeking Scale (SSOSH) was used. The SSOSH was developed by Vogel, Wade and Haake in 2006. It is a 10 item Likert-type Scale to measure the perception of an individual towards seeking help from a psychologist or mental health professionals threatening one's self-confidence, self-regard, and satisfaction with oneself. The response on item ranges from 1 to 5 with 1 being strongly disagree and 5 being strongly agree. The internal consistency coefficient of the scale is 0.91. The scale also demonstrated good construct validity (Vogel, Wade & Haake, 2006).

***Perceived Stigma*:** For measuring perceived stigma, the Perception of Stigmatization by Others for Seeking Help scale (PSOSH) was administered on the individuals to assess the perceived help-seeking stigma with respect to their personal relationships such as family, peers, and friends. The scale, developed by Vogel, Wade & Ascheman (2009) comprises 5 items that are rated on a range of 1 to 5, with 1= not at all and 5= a great deal. A higher score on the scale represents higher perceived stigma. The test-retest reliability of the scale was found to be 0.82 along with a good demonstration of validity (Vogel, Wade & Ascheman, 2009).

***Help- Seeking*:** To measure the help-seeking attitudes of the participants, the General Help-Seeking Questionnaire (GHSQ) was administered. The scale was used to measure the general intentions and attitudes towards seeking help across different situations. This scale was developed by Wilson, Deane, Ciarrochi & Rickwood in 2005. The scale comprises 18 items on two dimensions: non-suicidal and suicidal problems. It seeks to measure formal help-seeking intentions of the individuals. GHSQ has demonstrated satisfactory levels of reliability and validity. Help-seeking intentions can be reported on the three subscales: level of intention for seeking informal help, level of intention for seeking formal help, and level of intention for seeking help from no one (Wilson *et al.*, 2005).

2.3 *Research Design*

All the three scales were used for the purpose of data collection from the recruited participants with the help of Google Form. The demographic information about the participants such as name, gender, and age along with the items of each scale were included in the Google form. The links of the Google form were shared with the participants to collect data.

2.4 *Procedure*

The research followed a cross-sectional research design to report and analyse the participants' self-stigma, perceived stigma, and help-seeking attitude. Prior to the research, participants were informed about the purpose and nature of the study. The link of Google form was shared with the participants for data collection through emails or WhatsApp. First, the participants were required to fill their demographic details and subsequently, the three scales: SSOSH, PSOSH, and GHSQ. Clear instructions were given to the participants before the administration of the scales, and they were encouraged to answer honestly. Upon the completion of the questionnaires, the collected data was analysed.

For the analysis of data, Statistical Package for Social Sciences (SPSS) was used. It is a software used for analysing statistical data (Bala, 2016). For examining the relationship between self-stigma, perceived stigma, and help-seeking attitudes, SPSS was deployed to

perform inferential statistics, that is correlation tests. Correlation tests are measures of determining a relationship between two sets of data or variables. Some common correlation tests are Pearson Correlation Coefficient, Spearman Correlated Coefficient, and Kendall Correlation Coefficient (Makowski *et al.*, 2020).

For maintaining the authenticity of the research and its findings, some key ethical considerations were also taken into account. It was ensured that all the participants gave their consent to participate in the research. Privacy and confidentiality of the participants was also strictly maintained throughout the process. In addition, the research also ensured that no data/information was copied from literary or other sources to protect the study from any kind of violation of copyright and plagiarism. The participants were also given the freedom to withdraw their participation or their data from the research at any point (Clark-Kazak, 2017).

3. *Data analysis and Results*

With respect to the purpose of the research to examine the relationship between self-stigma, perceived stigma, and help-seeking attitudes among young adults, data was collected from 140 participants using SSOSH, PSOSH and GHSQ. The data has been evaluated using inferential statistics with the application of SPSS.

Table 1: *Age*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18	20	8.3	14.3	14.3
	19	18	7.5	12.9	27.1
	20	19	7.9	13.6	40.7
	21	42	17.5	30.0	70.7
	22	18	7.5	12.9	83.6
	23	15	6.3	10.7	94.3
	24	4	1.7	2.9	97.1
	25	1	.4	.7	97.9
	26	3	1.3	2.1	100.0
	Total	140	58.3	100.0	
Missing	System	100	41.7		
Total		240	100.0		

The Google form initially collected the demographic information of the participants in terms of their age and gender. Table 1 presents the age distribution of the participants in terms of frequency and percentage. From the table, it is evident that 18 years old individuals constituted 14.3% of the sample, followed by 12.9% of 19 years old, and 13.6% of 20 years.

Majority of the sample consisted of 21 years old with a share of 30% while 22 years old and 23 years old had a share of 12.9% and 10.7%. Further, the share of 24, 25, and 26 years old was 2.9%, 0.7%, and 2.1% respectively.

Table 2: *Gender*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	56	23.3	40.0	40.0
	Female	84	35.0	60.0	100.0
	Total	140	58.3	100.0	
Missing	System	100	41.7		
Total		240	100.0		

Table 2 presents the share of participants in terms of gender: male and female. From the table, it is observed that females constituted 60% of the sample while males were only 40%.

Table 3: *Self-Stigma and Perceived Stigma*

Correlations between SSOSH and PSOSH			
		SSOSH	**PSOSH**
SSOSH	Pearson Correlation	1	.357**
	Sig. (2-tailed)		.000
	N	140	140
PSOSH	Pearson Correlation	.357**	1
	Sig. (2-tailed)	.000	
	N	140	140

**. Correlation is significant at the 0.01 level (2-tailed).

Using Pearson Correlation Coefficient, the relationship between self-stigma and perceived stigma was examined. Based on table 3, it was determined that Pearson Correlation for self-stigma and perceived stigma is r (140) = 0.357. The p-value is p= .000. It implies that the correlation is significant at the 0.01 level.

Table 4: *Correlation between SSOSH, Informal sources, and Formal Sources of Help-seeking for Emotional Problems*

Correlations (self-stigma and Help Seeking) Emotional problems vignette				
		Internal sources	**External sources**	**Self- Stigma**
Internal sources	Pearson Correlation	1	.504**	-.0263**

	Sig. (2-tailed)		.000	.001
	N	140	140	140
External sources	Pearson Correlation	.504**	1	-.151***
	Sig. (2-tailed)	.000		.076
	N	140	140	140
Self- Stigma	Pearson Correlation	-.0263**	-.151***	1
	Sig. (2-tailed)	.001	.076	
	N	140	140	140

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).
***Correlation is insignificant (2-tailed)

Table 4 highlights the relationship between SSOSH, informal sources, and formal sources of help-seeking for emotional problems. It was reported that Pearson Correlation Coefficient for SSOSH and informal sources of help-seeking is r (140) = -0.236 and p value is p= .00192. This indicated a significant correlation between the two at the 0.01 level. On the other hand, the correlation between SSOSH and formal sources of help-seeking for emotional problems was found to be r ((140) = -0.1515 with a p value of p= 0.76. This reflected a nonsignificant between the two variables.

Table 5: *Correlations between SSOSH, informal sources, and formal sources of help-seeking for experience of suicidal thoughts*

		SSOSH	**Informal sources**	**Formal sources**
SSOSH	Pearson Correlation	1	-.232**	-.217**
	Sig. (2-tailed)		.006	.010
	N	140	140	140
Informal sources	Pearson Correlation	-.232**	1	.576**
	Sig. (2-tailed)	.006		.000
	N	140	140	140
Formal sources	Pearson Correlation	-.217**	.576**	1
	Sig. (2-tailed)	.010	.000	
	N	140	140	140

**. Correlation is significant at the 0.01 level (2-tailed).

Table 5 present correlation between SSOSH, Informal sources and formal sources of help-seeking for experience of suicidal thoughts. The Pearson Correlation Coefficient for SSOSH and Informal sources of help-seeking is r (140) = -0.232, p= .006. On the other hand,

the value of Pearson Correlation Coefficient for SSOSH and Formal Sources is r (140) = -0.217, p= .010. This indicates a significant relationship between SSOSH and informal and formal sources of help-seeking towards suicidal thoughts.

Table 6: *Correlation between PSOSH, Informal sources, and Formal Sources of Help-seeking for Emotional Problems*

Correlations (self-stigma and Help Seeking) Emotional problems vignette				
		Internal sources	**External sources**	**Perceived-Stigma**
Internal sources	Pearson Correlation	1	.504**	.007***
	Sig. (2-tailed)		.000	.934
	N	140	140	140
External sources	Pearson Correlation	.504**	1	-.197*
	Sig. (2-tailed)	.000		.196
	N	140	140	140
Perceived Stigma	Pearson Correlation	.007***	-.197*	1
	Sig. (2-tailed)	.934	.196	
	N	140	140	140

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).
***Correlation is insignificant (2-tailed)

From table 6, it was determined that the correlation between PSOSH and informal sources of help-seeking for emotional problems is r (140) = 0.0074. The p value for this correlational coefficient was p= .93 which indicated a nonsignificant correlation. However, correlation between PSOSH and formal sources was examined to be r(140) = -0.197 with a p value of p= 0.196 which was nonsignificant at the 0.01 level but significant at the 0.05 level.

Table 7: *Correlations between perceived stigma, informal sources, and formal sources of help-seeking for experience of suicidal thoughts*

		Informal sources	**Formal sources**	**PSOSH**
Informal sources	Pearson Correlation	1	.576**	-.050
	Sig. (2-tailed)		.000	.556
	N	140	140	140

Formal sources	Pearson Correlation	.576**	1	-.169*
	Sig. (2-tailed)	.000		.046
	N	140	140	140
PSOSH	Pearson Correlation	-.050	-.169*	1
	Sig. (2-tailed)	.556	.046	
	N	140	140	140

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

The above table reflects correlation between PSOSH, informal sources, and formal sources of help-seeking for suicidal thoughts experiences. Using Pearson Correlation Coefficient, it was examined that the correlational coefficient for PSOSH and informal sources of help-seeking is r (140) = -0.50 and p value is p= .556. This reflects a significant correlation at 0.05 level. On the other hand, correlation between PSOSH and formal sources of help-seeking is r (140) = -.169 and p value is p= .046. It also implies that correlation is significant at the 0.05 level.

8. *Share of participants reporting that they will not seek help from anyone for experiencing emotional problems*

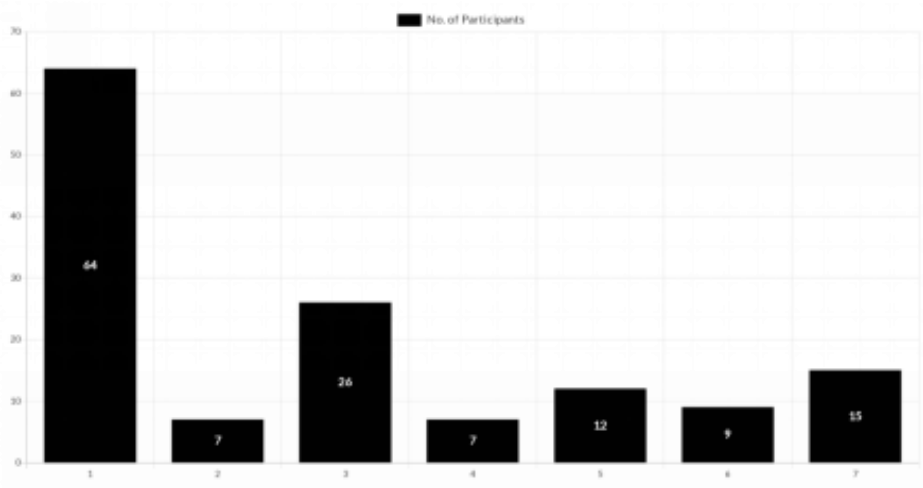

Figure 1: *Responses of participants for not seeking help from anyone for emotional problems*

Figure 1 highlights responses of participants towards not seeking help from anyone for experiencing emotional problems. The responses were taken on a range of 1 to 7 where 1 represented extreme unlikeliness and 7 represented extreme likeliness. From the graph, it is evident that 64 participants or the majority of the participants were extremely unlikely to not seek help from anyone. On the other hand, 15 participants reported that they are extremely likely to not seek help from anyone if they experience emotional problems.

9. ***Share of participants for not seeking help from anyone for experiencing suicidal thoughts***

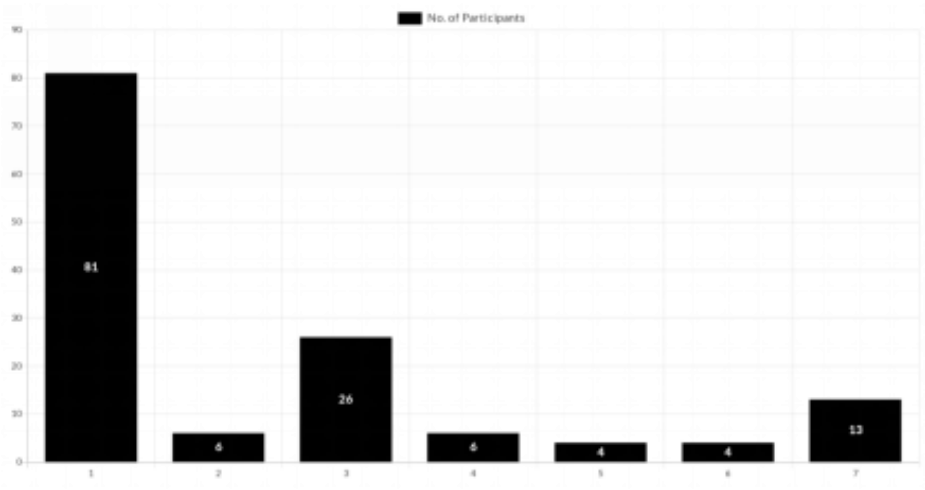

Figure 2: *Responses of participants for not seeking help from anyone for experiencing suicidal thoughts*

Participants were also questioned whether they will not seek help from anyone if they experienced suicidal thoughts. Figure 2 reflects a graph showing the responses of participants for not seeking help. The graph shows that majority of the participants, 81, are extremely unlikely to not seek help if they are experiencing suicidal thoughts. However, it was also known that 13 participants were extremely likely for not seeking help from anyone, either informal sources or formal sources.

4. Interpretation/ Discussions

The current study aimed to explore the relationship between self-stigma, perceived stigma, and help-seeking attitudes among young adults in India. The research utilised three tools for the purpose of data collection: SSOSH, PSOSH, and GHSQ. The Self Stigma Of Seeking Help Scale (SSOSH) measures participants' attitudes towards seeking help from psychologists or mental health professionals and how it affects their self-regard, self-confidence, and satisfaction with themselves. The Perceived Stigma Of Seeking Help (PSSOSH) assesses individuals' perceptions of stigma associated with seeking help within their personal relationships, including family, peers, and friends. The General Help Seeking Questionnaire (GHSQ) presented participants with 2 vignettes and asked them to indicate their preference for seeking help in case of 1) emotional problems and 2) suicidal ideation.

The results indicated a significant relationship between self-stigma and perceived stigma. As per the research conducted by Jennings *et al*. (2015), it was determined that increase

in perceived stigma leads to increase in self- stigma. The research concluded that due to increased self-stigma, people have higher preference for self-reliance in order to overcome mental health problems. This results in negative attitudes among people towards mental health professionals for seeking treatment. Further, the research carried out by Tesfaw, Kibru & Ayano (2020) highlighted that higher self-stigma, and perceived stigma leads to higher internalisation of prejudices and development of negative feelings towards oneself. This builds feelings of shame and embarrassment among people with mental health problems and restricts them from seeking help from mental health professionals.

In the "Emotional problems" Vignette of GHSQ, the findings revealed that self-stigma had a negative correlation with informal sources of help-seeking. However, there was no correlation between formal sources of help-seeking and self-stigma. The significant negative relationship between self-stigma and informal sources of help-seeking indicates that if self-stigma is low, young adults prefer to seek help from informal sources which includes intimate partners, friends, and families. However, if there is higher self-stigma, then they are less likely to seek help from informal sources. Further, their preference to seek help from formal sources such as psychologists, mental health professionals, and religious or spiritual leaders remains limited as no significant relationship was not established between self-stigma and formal sources. In relation to this, the research conducted by Gartner *et al.* (2022) explored that self-stigma towards one mental health condition results in secrecy and is often linked to negative outcomes such as reduced help-seeking, lack of adherence with mental health professionals, or dropout from treatment.

On the other hand, the scores of perceived stigma were found to be negatively correlated with formal sources of help-seeking but did not relate significantly with informal sources of seeking help. It implies that with higher experience of perceived stigma, individuals are less likely to seek help from formal sources such as mental health professionals. However, if perceived stigma is low, then individuals have an increased preference to seek help from psychologists and other professionals. These findings are supported by the research of Samari *et al.* (2022) who concluded that when individuals believe that there is higher perceived stigma associated with mental health issues such as emotional problems, they delay help-seeking opportunities and treatment. The research highlighted that perceived stigma becomes a barrier for individuals for seeking help and often results in opposition to formal sources of help-seeking.

With respect to the "suicide ideation" vignette of the GHSQ, it was discovered that

scores for both self-stigma and perceived stigma were negatively associated with seeking help from both formal and informal sources. The findings implied that self-stigma affects help-seeking attitude of young adults towards formal and informal sources in regard of experience of suicidal thoughts. It indicates that with higher self-stigma towards experience of suicidal thoughts, young people are less likely to seek help from formal and informal sources. However, if individual experience low levels of self-stigma towards suicidal thoughts, there preference to look out for help and treatment from both, formal and informal sources increase. Similarly, higher perceived stigma towards experience of suicidal thoughts will limit help-seeking attitude of individuals from both the sources of help-seeking. Thus, it can be inferred that stigma, whether self-imposed or perceived, will hinder obtaining help for suicidal thoughts more than for emotional issues. Supporting these findings, Schnyder *et al.* (2017) discovered that individuals who expect prejudice or self-stigmatisation are less inclined to seek professional assistance for mental health concerns. Further, the research conducted by Han *et al.* (2020) found that stigmatisation functions as a key barrier towards seeking help and treatment from professionals. Higher stigma is associated with negative attitudes towards mental health problems such as suicide due to which it restricts an individual from seeking help. The research concluded that both, self-stigma, and perceived stigma is significantly associated with lower help-seeking attitude of individuals.

5. Conclusions

Our findings support the idea that stigma around mental illness or mental health services is directly linked to reduced seeking of care for mental issues in young adults in India. Further studies with more sample size and mediating variables such as mental health literacy can also help us to understand the association better.

5.1 *Limitations*

The research has some limitations in terms of sample, research design, and measures used for data collection. The research was conducted on a small sample due to which the statistical significance of the relationship can be limited. Basing a larger sample in the study could have resulted in more accurate findings. Further, the research deployed the quantitative research design which focuses on numerical data. Thus, the research did not explore the perspectives, opinions, and beliefs of people towards formal and informal sources of help-seeking in a detailed manner. This limitation could be overcome by deploying the qualitative research design along with quantitative research design to generate findings that are statistically

tested and detailed. Further, the tools used for data collection were Likert scales which consisted of close-ended questions due to which participants were forced to choose one option from given options. This restricted their scope of responding and did not record the response accurately.

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