

HELP - SEEKING BEHAVIOR IN MENTAL HEALTH AMONG STUDENTS OF THE UNIVERSITY OF SOCIAL SCIENCES AND HUMANITIES – VIET NAM NATIONAL UNIVERSITY HO CHI MINH CITY

HÀNH VI TÌM KIẾM TRỢ GIÚP VỀ SỨC KHOẺ TÂM THẦN CỦA SINH VIÊN TRƯỜNG ĐẠI HỌC KHOA HỌC XÃ HỘI VÀ NHÂN VĂN - ĐẠI HỌC QUỐC GIA HỒ CHÍ MINH

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Abstract - Professional help-seeking for mental health faces barriers due to stigma, lack of awareness, limited access to support services. This study analyzes the current state of mental health help-seeking behavior among 813 students at The University of Social Sciences and Humanities, Viet Nam National University Ho Chi Minh City. The survey was conducted from September to November 2024, using measurement scales: attitudes toward help-seeking, willingness and intention to seek help. The results, were processed by SPSS software, showed that students have a positive attitude toward seeking mental health support. However, when facing problems, they tend to turn to informal sources such as family, friends rather than professional help. There is a significant gap between the intention and the actual behavior of professional help - seeking among students. The findings of this study provide the current situation, offer implications for promoting behavioral change in help - seeking, improving students' mental health.

Key words - Behavior; help - seeking; mental health; students.

Tóm tắt - Tìm kiếm trợ giúp về sức khỏe tâm thần còn nhiều rào cản do định kiến, thiếu hiểu biết, hạn chế trong tiếp cận dịch vụ. Nghiên cứu này phân tích thực trạng hành vi tìm kiếm trợ giúp về sức khỏe tâm thần của 813 sinh viên Trường Đại học Khoa học xã hội và nhân văn – Đại học Quốc gia Hồ Chí Minh. Khảo sát được thực hiện từ tháng 9 - 11, 2024 bằng thang đo thái độ đối với tìm kiếm trợ giúp; ý định và hành vi tìm kiếm trợ giúp. Kết quả xử lý bằng phần mềm SPSS cho thấy, sinh viên có thái độ tích cực đối với việc tìm trợ giúp. Tuy nhiên, khi gặp vấn đề, họ vẫn tìm nguồn trợ giúp không chuyên như gia đình, bạn bè hơn là trợ giúp chuyên nghiệp. Có khoảng cách lớn giữa ý định và hành vi tìm kiếm trợ giúp chuyên nghiệp thực tế ở sinh viên. Nghiên cứu này giúp hiểu rõ hơn về thực trạng, góp phần đề xuất các hàm ý nhằm thay đổi hành vi tìm trợ giúp, cải thiện sức khỏe tâm thần cho sinh viên.

Từ khóa - Hành vi; tìm kiếm trợ giúp; sức khỏe tâm thần; sinh viên.

1. Introduction

Mental health serves as the foundation for individuals' well - being and effective functioning. However, mental health issues have been on the rise, particularly in the aftermath of the COVID-19 pandemic [1]. The increasing prevalence of mental disorders - including depression, anxiety, post - traumatic stress disorder, and substance abuse - has become one of the major healthcare burdens in the country [2]. According to a survey conducted by WARC Research, during the post - COVID-19 period, approximately half of the workforce in Southeast Asia tends to prioritize their own health and well - being over work compared to the period before the pandemic. Specifically, the rates in Vietnam (69%), the Philippines (67%), Malaysia (58%), and Thailand (53%) reflect this trend [3]. Nevertheless, data from the Institute for Global Health indicate that less than 30% of people in Southeast Asia feel comfortable discussing their mental health. This rate decreases progressively from urban to suburban and rural areas [4]. In addition, statistics from the Ministry of Health show that the concern is not only about the number of individuals affected but also about access to care and treatment services. Only about 29% of those with mental disorders and one - third of those with depression have

access to formal mental health care services [2]. Besides the challenges related to healthcare resources, the willingness of individuals to seek professional help for mental health issues is a crucial factor that promotes effective care and treatment.

A study at Thai Nguyen University of Medicine and Pharmacy revealed that students tend to seek help from non - professional sources to address mental health problems rather than accessing professional care services. Specifically, 49.2% of students reported experiencing mental health issues and overcoming them on their own without seeking help. The support sources most commonly accessed by students include friends (36.3%), family (24.0%), and mental health professionals (2.6%). A significant proportion of students (64.3%) prefer to resolve issues themselves; 40.1% believe that talking to friends or family is more beneficial; and 32.7% think that the problem will resolve on its own without the need for help [5]. A similar pattern was observed in a study among first - year students at Hue University of Medicine and Pharmacy. Of these students, 56% had never heard of help - seeking, 79% had insufficient knowledge, and only 2.4% were willing to seek help when experiencing symptoms of depression, anxiety, or excessive stress; 14% regularly sought help,

primarily from parents or close friends. The proportion of students seeking help from medical or psychological professionals was only about 12% [6]. These surveys indicate that the rate of students seeking professional help for mental health issues is relatively low, and research on this topic remains limited in Vietnam. Therefore, this study on help - seeking behavior for mental health among students at the University of Social Sciences and Humanities - Vietnam National University Ho Chi Minh City, aims to provide further evidence regarding the rate of professional help - seeking in the student population, serving as a basis for developing appropriate programs and policies.

2. Theoretical framework

2.1. Concept of Help - Seeking Behavior for Mental Health

Help - seeking behavior for mental health is a multidimensional concept, defined based on empirical studies and validated theoretical models. According to Rickwood et al., help - seeking behavior for mental health is "a process in which individuals recognize psychological difficulties, assess the need for support, and take specific actions to access appropriate sources of help, particularly from mental health professionals" [7].

Within this definition, it is essential to distinguish "professional help - seeking behavior" from other forms of help - seeking:

Professional help: refers to seeking support from formally trained professionals such as psychologists, psychiatrists, psychological counselors, or social workers specializing in mental health. This is the primary form addressed in this study.

Informal help: includes seeking support from family, friends, relatives, teachers, or informal support groups.

Semi - professional help: represents an intermediate form, including academic advisors, homeroom teachers, social workers, or student volunteers who have received basic training in psychological support skills.

Self - help: activities individuals undertake to improve their psychological state, such as reading, meditation, journaling, exercising, or using mental health apps.

2.2. Characteristics of help - seeking behavior for mental health

Professional help - seeking behavior is characterized by several key factors:

Proactivity: requires individuals to actively identify problems and seek support, rather than passively being referred by others.

Purposefulness: this behavior is directed toward specific goals, such as improving psychological well - being, resolving difficulties, or preventing the worsening of issues.

Continuity: It is not a single act but a process involving multiple stages, from problem recognition, exploring sources of help, deciding to seek help, maintaining treatment, to evaluating outcomes.

Socio - cultural context: This behavior is strongly influenced by social and cultural factors, such as stigma, beliefs about treatment effectiveness, gender roles, and

prejudices.

Culture influences the health belief system and affects the processes of help - seeking, diagnosis, and treatment of mental disorders. It shapes how mental health issues are expressed and perceived [8]. Therefore, culture can be a barrier to professional help - seeking behavior for mental health [9].

In summary, professional help - seeking behavior is not merely an individual decision but the result of complex interactions between cognition, emotion, and social context [9].

2.3. Structure of help - seeking behavior for mental health

Numerous theoretical models have been developed to explain the process and factors influencing professional help - seeking behavior for mental health. Some commonly used models include: the Help - Seeking Stages Model [10]; Theory of Planned Behavior [11]; Health Belief Model [12], [13]; Stages of Change Model [14]; Acceptance and Commitment Theory [15]; and the Barriers to Help - Seeking Model [16]. The significance of these theoretical models lies in providing a comprehensive analytical framework, facilitating a deeper understanding of the help - seeking process and informing the design of appropriate interventions to promote this behavior among university students. Based on the aforementioned theoretical models, professional help - seeking behavior for mental health can be analyzed into specific components, including:

a) *Cognitive component:* This component involves how individuals process information and evaluate psychological issues and the possibility of seeking help:

Problem recognition: the ability to identify symptoms of psychological disorders and assess their severity. Jorm et al. refer to this as the core element of "mental health literacy" [17].

Awareness of help services: knowledge about types of psychological support services, how to access them, and their effectiveness. Rickwood and Thomas emphasize that lack of awareness about services is a common barrier preventing students from seeking help [18].

Perceived effectiveness: the belief that help - seeking will yield positive outcomes.

Cost - benefit evaluation: weighing potential benefits against barriers (time, cost, stigma) when accessing professional services.

b) *Emotional component:* This component relates to emotional experiences associated with help - seeking:

Internalized stigma: feelings of shame, weakness, or failure when seeking psychological help.

Fear of judgment: anxiety about being negatively evaluated by others when seeking help. Clement et al. identified this as a common barrier to help - seeking [19].

Feelings about disclosure: comfort or discomfort in sharing personal issues with strangers. This factor is particularly significant in cultures that value privacy, such as Vietnam.

Positive emotions regarding receiving help: feelings of relief, hope, or confidence when receiving professional support.

c) *Behavioral component:* This component refers to specific actions taken during the help - seeking process:

Information seeking: actively learning about psychological issues and available support services through channels such as the internet, books, or direct inquiry.

Service utilization: concrete actions such as scheduling appointments, meeting with professionals, and participating in therapy sessions.

Disclosure: willingness to share information about psychological issues with professionals, including detailed and honest communication.

Treatment adherence: compliance with recommended therapies, including attending all sessions and completing assigned tasks.

d) *Socio - cultural component:* This component relates to social and cultural factors influencing help - seeking behavior:

Social norms: societal expectations and implicit rules regarding coping with psychological issues.

Social support: encouragement and support from family, friends, and relatives when individuals decide to seek professional help.

Community stigma: negative societal attitudes toward individuals with psychological issues or those seeking psychological services.

Service accessibility: availability of psychological services in the community, including barriers related to geographical distance, cost, and waiting times.

These components are interrelated and mutually influential. Changes in one component can affect others; for example, increased awareness can reduce stigma or alleviate anxiety associated with help - seeking. Therefore, behavioral change in help - seeking may begin with interventions targeting individual elements of this structure, depending on the specific population and context. Understanding these interactions is essential for designing interventions that promote professional help - seeking behavior among students.

In this study, we utilize the structural model of help - seeking behavior for mental health, comprising three components - cognition, attitude, and behavior - to analyze students' help - seeking behavior for mental health.

3. Participants and Research Methods

3.1. Research Participants

The participants in this study were full - time undergraduate students from first to fourth year at the University of Social Sciences and Humanities, Vietnam National University Ho Chi Minh City. The sample was selected using stratified random sampling based on academic year, major, and residential status to ensure representativeness. The minimum sample size was determined using Cochran's formula (1977), with a confidence level of 95% and a margin of error of $\pm 5\%$,

resulting in a required minimum sample size of 385. However, to enhance representativeness and allow for subgroup analysis, the actual sample size was expanded to 813 students. Nevertheless, third - and fourth - year students accounted for a smaller proportion due to their heavier academic workload, which led to a higher refusal rate. Data collection took place from September to November 2024, with the sample characteristics as follows:

Table 1. Characteristics of study participants

Characteristics		Quantity	Percentage
Year of study	Freshman	439	54.0
	Sophomore	222	27.3
	Third year student	127	15.6
	4th year student	25	3.1
Gender	Female	650	80.0
	Male	163	20.0
Year old	18	205	25.2
	19	301	37.0
	20 - 23	307	37.8

3.2. Research Methods

The assessment of students' help - seeking behavior for mental health was conducted using the following methods: (1) **Theoretical research**, including analysis and synthesis of literature on mental health and help - seeking behavior; (2) **Empirical research**, using survey questionnaires and interviews, with the questionnaire survey serving as the primary method; (3) **Statistical analysis**, with data analyzed using SPSS 30.0 to assess scale reliability, calculate mean scores of variables, and determine the percentage of responses.

The instruments used included: (1) **Attitude toward help - seeking scale** (a shortened 10 - item version of the original 29 - item scale developed by Fischer and Farina [20]). This is a 5 - point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), consisting of 5 positively worded items (1, 2, 4, 5, 8) and 5 negatively worded items (3, 6, 7, 9, 10). The total score ranges from 10 to 50, with higher scores indicating a more positive attitude toward help - seeking. (2) **Help - seeking intention scale**, comprising 15 items assessing the degree of intention to seek psychological help, using a 6 - point Likert scale from 1 (very unlikely) to 6 (very likely). Scores range from 15 to 90, with higher scores reflecting greater intention to seek help [21]. (3) **Actual help - seeking behavior questionnaire**, which evaluates actual help - seeking behavior over the past 12 months and consists of three parts: (1) psychological problems encountered, (2) sources of help accessed, and (3) satisfaction with the help received. Parts (1) and (2) use yes/no questions, while part (3) uses a 5 - point Likert scale from 1 (very dissatisfied) to 5 (very satisfied) [21]. In this study, only the results regarding whether help was sought were used. The reliability coefficients (Cronbach's alpha) for the scales were 0.74, 0.78, and 0.76, respectively.

In addition, to assess the gap between intention and actual help - seeking behavior, we compared the difference

calculated as the gap between willingness (converted to a percentage, with $M = 5$ equivalent to 100%) and the actual rate. The greater the difference, the larger the gap, according to the research by Sheeran & Webb [22].

3.3. Research ethics

The study was conducted with ethical approval from the Research Ethics Committee of the University of Social Sciences and Humanities, Vietnam National University Ho Chi Minh City. Approval was also obtained from the university’s Board of Management and relevant departments (Academic Affairs Office, faculties) to conduct the survey. Participants were fully informed about the study’s purpose, procedures, benefits, and potential risks. Voluntary participation was ensured through signed informed consent forms or online consent confirmation. Participants were informed of their right to withdraw from the study at any time without any disadvantage. All participant information was kept confidential.

4. Results and discussion

4.1. Attitudes toward seeking mental health help among students at the University of Social Sciences and Humanities, Vietnam National University Ho Chi Minh City

The survey results show that the average score of the research sample was $M = 3.04$, $SD = 0.64$. This indicates a generally positive attitude, though there remains significant room for improvement. A detailed analysis of the scale’s aspects, as illustrated in Figure 1, provides a multidimensional picture of students’ attitudes:

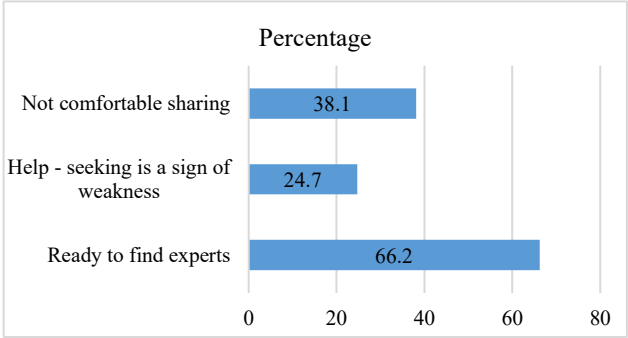


Figure 1. Students' attitudes toward help - seeking mental health

The results indicate that 66.2% of students are willing to seek help from a mental health professional when facing serious problems. This is a positive sign, reflecting a shift in students’ perceptions of the role of mental health professionals in supporting psychological well - being. However, this data also shows that about one - third of students are still not ready to access professional services even when confronted with serious issues. Notably, only 24.7% of students agreed with the statement that “seeking help is a sign of weakness.” This relatively low rate suggests that most students have overcome traditional prejudices linking help - seeking with personal weakness. This trend may be the result of recent educational and communication efforts regarding mental health in university environments. Nevertheless, 38.1% of students reported feeling “uncomfortable sharing with a mental health professional.” This significant proportion reflects a

notable psychological barrier related to sharing personal information and sensitive emotions with strangers, even if they are trained professionals. This underscores the need to build a safe, trustworthy, and confidential environment in the provision of psychological services.

In the context of Vietnamese culture, these findings are encouraging as they indicate a gradual shift from the traditional model of resolving psychological issues within the family toward greater acceptance of professional support. However, the considerable proportion of students who still feel uncomfortable sharing with professionals shows the ongoing influence of cultural factors, such as the tendency to “save face” and avoid disclosing personal problems outside the family [23].

Compared to international studies, Vietnamese students’ attitudes toward seeking professional help are relatively positive but still lower than those of students in Western countries [24]. These results highlight the need for intervention programs to further improve attitudes and reduce psychological barriers to accessing professional mental health services.

4.2. Help - seeking behavior among students

The overall table on willingness and actual help - seeking behavior provides a comprehensive and systematic picture of students’ tendencies to access support sources. Below is a detailed analysis of each aspect of this data, set within the theoretical and practical context of help - seeking behavior research.

Table 2. Students' readiness and help - seeking behavior

Help Resources	Readiness level		Actual behavior	Gap Analysis
	Mean	SD	Actual Rate (%)	Difference (%)
Friend	4.12	0.85	72.6	17.4
Family	3.87	1.03	54.3	22.9
Psychologist	2.94	1.14	18.4	40.4
Doctor	2.67	1.21	8.7	44.7
Online Forum	2.58	1.24	4.8	46.8
Hot line	2.36	1.17	5.2	42.0
Teacher/ Lecturer	2.72	1.18	6.5	47.9

The overall mean score for willingness to seek help was $M = 3.04$, reflecting a moderately positive attitude toward help - seeking in general. However, when analyzing specific sources of help, a clear polarization emerges: there is a marked preference for non - professional sources, with the highest mean scores belonging to friends ($M = 4.12$) and family ($M = 3.87$), with a notable gap compared to other sources. This result is consistent with previous research on youth help - seeking trends [7], [11], especially in collectivist cultures such as those in Asia. In the Vietnamese context, family values and close - knit social networks are highly emphasized [25], making them safe and trusted spaces for students to share personal difficulties with little fear of judgment. The relatively small standard deviations in this group ($SD = 0.85$ and $SD = 1.03$) indicate high consensus among students about the role of non - professional support, reflecting the universality of this trend.

Assessment of Professional Support Sources: Mental health professionals ranked third in priority ($M = 2.94$), a moderate score but significantly lower than friends and family. The higher standard deviation ($SD = 1.14$) indicates marked differences in students' attitudes toward seeking help from mental health professionals. Doctors ($M = 2.67$) were even less preferred. These findings are consistent with studies on medical students in Hue and Thai Nguyen [5], [6].

Furthermore, "hotlines" ($M = 2.36$) and "online forums" ($M = 2.58$) were the least chosen sources. Although these are highly anonymous channels, suitable for those concerned about stigma, they are still rarely accessed by students. This may reflect limited awareness of these services' existence or how to access them, low trust in the effectiveness of remote counseling, or a lack of hotline culture in Vietnam.

A key finding of this study is the significant gap between willingness and actual behavior across all sources of help. The average gap is 37.4%, meaning only about 60% of intentions translate into action. This aligns with the "intention - behavior gap" widely documented in health behavior research [25]. The gap is especially large for professional sources: Mental health professionals (40.4%), doctors (44.7%), and hotlines (42.0%). These results suggest that while students may recognize the value of professional services (as reflected in moderate willingness scores), real - world barriers prevent them from translating intention into action.

The proportion of students seeking help from friends (72.6%) and family (54.3%) is much higher than those seeking help from mental health professionals (18.4%) and doctors (8.7%). This gap is even greater than the difference in willingness, indicating substantial real - world barriers to accessing professional services. The 18.4% rate of students seeking help from mental health professionals, while low, is higher than in previous studies on help - seeking among Vietnamese students [5], [6]. This improvement may reflect recent efforts to raise awareness and reduce stigma around mental health.

When examining the gap between willingness and actual behavior, non - professional sources - friends (17.4%) and family (22.9%) - have the smallest gaps, indicating fewer real - world barriers to accessing these sources. This is logical given their accessibility, low (or no) cost, and high comfort level in interacting with familiar people. In contrast, professional and school - based sources - teachers/lecturers (47.9%), online forums (46.8%), and doctors (44.7%) - have the largest gaps. This suggests the existence of multiple real - world barriers, such as: Access barriers: lack of information about procedures, long waiting times, high costs, inconvenient locations; Functional barriers: lack of experience interacting with services, lack of communication skills with professionals; Perceptual barriers: concerns about confidentiality, discomfort, fear of being judged.

The gap regarding teachers is particularly noteworthy in the school context. This may reflect a perceived distance in the student-teacher relationship or the perception that

teachers' primary role is to provide academic knowledge rather than psychological support.

In summary, the survey results reveal a gap between intention and actual help - seeking behavior for mental health among students at the University of Social Sciences and Humanities, Vietnam National University Ho Chi Minh City. This gap helps identify the degree of conversion from attitude/intention into real behavior, thus highlighting potential barriers.

5. Conclusion

Professional help - seeking behavior for mental health plays a crucial role in reducing stigma and increasing opportunities to access professional support services, thereby improving mental health outcomes for individuals and communities. The survey results among students at the University of Social Sciences and Humanities, Vietnam National University Ho Chi Minh City, show a positive attitude toward seeking mental health help. However, students' actual help - seeking behavior over the past 12 months tells a different story. When facing problems, students still primarily turn to non - professional sources such as family and friends. The rate of seeking professional help remains relatively low. The gap between willingness and actual behavior differs between the two types of support sources: the gap for non - professional sources is low, while that for professional help - seeking is relatively large. These results provide a basis for proposing several policy implications to promote professional help - seeking behavior for mental health:

- Enhance education and communication on mental health for students. Internal communication programs should be developed to raise awareness about mental health and reduce stigma among students. Regular workshops and seminars with mental health professionals should be organized to help students better recognize signs and how to seek help.

- Develop psychological support systems within schools, such as establishing or improving the effectiveness of counseling centers. Integrate online support systems, such as chatbots and online counseling, to make services more accessible.

- Build peer support networks. Train student volunteers as "companions" to help friends identify psychological problems and guide them in seeking mental health support. Create themed psychological support groups (anxiety, stress, psychological crisis, peer pressure, etc.) for students to share experiences.

- Integrate mental health content into the curriculum. Propose courses or modules on mental health in both main and extracurricular programs; incorporate applied psychology content into relevant subjects.

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