Mental Health Awareness and Residual Stigma among Young Adults: Exploring the Gap between Knowledge and Attitudes in Generation Z

Khushi Ranjan

MSc Psychology, Center for Distance and Online Education, Jain (Deemed-to-be-University), Bengaluru, India
Email: *khushiranjan2703[at]gmail.com*

Abstract: ***The present study examined Mental Health Awareness, Residual Stigma and Help-Seeking Intention among young adults aged 16–25 years. Although mental health awareness has increased, negative attitudes and concerns about seeking professional help may persist. A descriptive, cross-sectional, mixed-methods design was used with 90 participants. Data were collected through a questionnaire containing Likert-scale items and open-ended questions. Quantitative data were analysed using descriptive statistics, Pearson's correlation and an independent-samples t-test, while qualitative responses were grouped into themes. The results showed a significant negative relationship between Mental Health Awareness and Residual Stigma ($r = -.455$, $p < .001$). Participants in the High Awareness group reported higher Help-Seeking Intention ($M = 28.04$, $n = 49$) than those in the Low Awareness group ($M = 23.63$, $n = 41$), with a statistically significant difference, $t(88) = 5.25$, $p < .001$. Qualitative findings highlighted fear of judgement, family and social expectations, and a gap between positive public attitudes and actual responses to mental health difficulties. The findings suggest that awareness is associated with lower residual stigma and stronger help-seeking intentions in this sample. However, awareness initiatives should also address social attitudes and encourage supportive environments.***

Keywords: Mental health awareness, residual stigma, help-seeking intention, Generation Z

1. Introduction

Mental health is an important part of overall well-being, affecting how individuals think, feel, manage stress and interact with others. Young adulthood is a significant developmental period involving identity formation, educational pressures, changing relationships and new responsibilities. Mental health awareness has increased through education, public campaigns and social media, and young adults are increasingly exposed to information about anxiety, depression, self-care, therapy and emotional well-being. However, greater awareness does not necessarily eliminate negative attitudes towards mental health difficulties. Some individuals may publicly support mental health awareness while privately fearing judgement, feeling uncomfortable discussing psychological difficulties, or hesitating to seek professional help.

In this study, *residual stigma* refers to subtle or persistent stigmatising attitudes that may remain despite mental health awareness, and *help-seeking intention* refers to an individual's willingness to approach a professional for psychological support. The study draws on four perspectives. Goffman [1] explained how a stigmatised attribute may lead to social devaluation and negative treatment. Link and Phelan [2] describe stigma through labelling, stereotyping, separation, status loss and discrimination. Corrigan and Watson [3] distinguish public stigma, which involves negative social attitudes, from self-stigma, which occurs when individuals internalise those beliefs. Jorm [4] introduced mental health literacy, the knowledge and beliefs that help people recognise mental health difficulties and understand appropriate responses. Together, these perspectives suggest that knowledge and acceptance are related but not identical: an individual may understand mental health concepts while continuing to experience or express stigmatising attitudes.

Examining residual stigma may help explain why individuals who understand mental health still hesitate to seek professional support or fear social judgement. The findings may be useful to counsellors, educational institutions, families and awareness programmes.

2. Literature Review and Research Gap

Jorm [4] conceptualised awareness as more than familiarity with mental health terminology, and the stigma frameworks above [1]–[3] emphasise the social consequences of labelling and stereotyping. Gulliver, Griffiths and Christensen [5] reviewed barriers and facilitators to mental health help-seeking among young people and highlighted the relevance of stigma and social concerns in why young adults may avoid professional support. Clement et al. [6] reviewed the impact of mental health-related stigma on help-seeking and emphasised the importance of addressing stigma as a barrier to care. Rickwood et al. [7] discussed how young people seek professional help for mental health problems, indicating that willingness to seek help may depend on attitudes, social expectations and previous experiences in addition to awareness.

Research on Generation Z and digital mental health discussions also raises the question of whether increased exposure to information produces meaningful attitudinal change. Online information may encourage open discussion, but it does not automatically eliminate misconceptions or concerns about social judgement. Overall, awareness, stigma and help-seeking appear interconnected but distinct, and much existing research examines mental health literacy, stigma or help-seeking separately. Quantitative measures can

identify relationships between these variables, while qualitative responses can provide insight into personal beliefs and perceived barriers.

There is therefore a need to examine whether increased mental health awareness is accompanied by lower residual stigma and stronger help-seeking intentions among young adults aged 16–25 years, particularly in the context of Generation Z. The present study addresses this gap by examining the relationship between Mental Health Awareness and Residual Stigma, comparing Help-Seeking Intention between awareness groups, and exploring participants' views about mental health, social barriers and stigma reduction.

3. Objectives and Hypotheses

The study aimed to

1) Assess Mental Health Awareness and
2) Residual Stigma among young adults aged 16–25 years;
3) Investigate the relationship between the two;
4) Compare Help-Seeking Intention between High and Low Awareness groups; (v) explore perceived barriers to professional help-seeking and the awareness–attitude gap; and
5) Identify suggestions for reducing mental health stigma.

H1: There is a statistically significant relationship between Mental Health Awareness and Residual Stigma (null hypothesis: no statistically significant relationship).

H2: Young adults with higher Mental Health Awareness will demonstrate significantly stronger Help-Seeking Intention than those with lower awareness (null hypothesis: no statistically significant difference between the High and Low Awareness groups).

Four qualitative research questions were also addressed: how young adults understand mental health; what factors may prevent them from seeking professional help; whether there is a gap between public mental health awareness and actual attitudes; and what changes families, schools, colleges and society could make to reduce stigma.

4. Methodology

4.1 Design and Participants

A descriptive, cross-sectional, mixed-methods design was used. Quantitative data were analysed to examine relationships and group differences, while open-ended responses were examined for recurring themes. The cross-sectional design provides information about associations at one point in time and does not establish causation. Mental Health Awareness was the main predictor variable; Residual Stigma and Help-Seeking Intention were outcome variables. No mediating or moderating variable was formally tested.

The final sample consisted of 90 young adults aged 16–25 years, recruited through convenience sampling. Data were collected using an online questionnaire. The study included young adults in this age range who voluntarily completed the questionnaire; incomplete responses, or responses that could not be scored for the intended analysis, were excluded where applicable.

4.2 Measures

A self-developed questionnaire was used, containing Likert-scale items assessing Mental Health Awareness (five items), Residual Stigma (nine items) and Help-Seeking Intention (seven items), together with open-ended questions. Items were scored on a five-point scale from Strongly Disagree (1) to Strongly Agree (5). Reverse scoring was applied to Residual Stigma items B1, B8 and B9 and Help-Seeking items C3 and C5. Total scores were calculated for the three variables. Mental Health Awareness was operationalised as participants' reported awareness of mental health concepts, Residual Stigma as persistent or subtle stigmatising attitudes represented by questionnaire scores, and Help-Seeking Intention as reported willingness to seek professional psychological support.

4.3 Procedure and ethical considerations

Participation was voluntary. Participants were informed about the purpose of the research and the nature of their participation, and the confidentiality of responses was maintained. Data were used for academic research purposes, and consent procedures were followed in accordance with the requirements applicable to participants' ages and the institution's research guidelines. The final dataset of 90 participants was analysed using Microsoft Excel.

4.4 Statistical analysis

Descriptive statistics were calculated for the three variables, and the Shapiro–Wilk test was used to assess normality. Pearson's correlation was used to examine the relationship between Mental Health Awareness and Residual Stigma. An independent-samples *t*-test compared Help-Seeking Intention between High and Low Awareness groups created through a median split. Open-ended responses were grouped into qualitative themes.

5. Results

5.1 Descriptive statistics and normality

The sample comprised 90 participants. The mean Mental Health Awareness score was 19.48 (SD = 2.77), the mean Residual Stigma score was 23.31 (SD = 5.05) and the mean Help-Seeking Intention score was 26.03 (SD = 4.52) (Table 1). Shapiro–Wilk tests did not detect statistically significant departures from normality for Mental Health Awareness (W = .974, p = .073), Residual Stigma (W = .988, p = .551) or Help-Seeking Intention (W = .985, p = .364).

Table 1: Descriptive statistics (N = 90)

Variable	*M*	*SD*	Min	Max
Mental Health Awareness	19.48	2.77	13	25
Residual Stigma	23.31	5.05	12	38
Help-Seeking Intention	26.03	4.52	14	35

5.2 Hypothesis 1

Pearson's correlation showed a statistically significant negative relationship between Mental Health Awareness and Residual Stigma ($r = -.455$, $p < .001$). Higher awareness scores were associated with lower stigma scores in this sample, and H1 was supported. This association does not establish causation.

5.3 Hypothesis 2

Participants were divided into High and Low Awareness groups using a median split (Table 2). The independent-samples *t*-test showed a statistically significant difference in Help-Seeking Intention between the groups ($p < .001$): The High Awareness group had a higher mean help-seeking score (28.04) than the Low Awareness group (23.63). This difference was statistically significant, $t(88) = 5.25$, $p < .001$. Table 3 summarises the hypothesis tests.

Table 2: Help-Seeking Intention by awareness group

Group	*n*	Mean
High Awareness	49	28.04
Low Awareness	41	23.63
Difference in means	–	4.3

Table 3: Summary of hypothesis testing

Hypothesis	Result	Decision
H1: Awareness and Residual Stigma	$r = -.455$, $p < .001$	Supported
H2: Awareness group and Help-Seeking Intention	Means = 28.04 and 23.63; $t(88) = 5.25$, $p < .001$	Supported

5.4 Qualitative findings

Four themes were identified from the open-ended responses.

1) *Understanding of mental health:* participants generally described mental health as emotional, psychological and social well-being.
2) *Barriers to professional help-seeking:* stigma, fear of judgement, social and family expectations, and concerns about others' perceptions were identified as barriers.
3) *Awareness–attitude gap:* participants indicated that positive public discussion about mental health may coexist with judgement or misunderstanding in actual interactions.
4) *Reducing mental health stigma:* suggested approaches included greater mental health education, open communication, supportive families, and awareness programmes in schools and colleges.

6. Discussion

This study examined Mental Health Awareness, Residual Stigma and Help-Seeking Intention among 90 young adults aged 16–25 years. H1 was supported by a significant negative relationship between awareness and residual stigma ($r = -.455$, $p < .001$), suggesting that higher awareness was associated with lower stigma in this sample. This is relevant to Jorm's concept of mental health literacy [4] and to the stigma frameworks of Goffman [1], Link and Phelan [2] and Corrigan and Watson [3], which suggest that knowledge and social attitudes are related but distinct. The result should be interpreted as an association rather than evidence that awareness directly causes stigma to decrease.

H2 was also supported: the High Awareness group had a mean Help-Seeking Intention score of 28.04, compared with 23.74 in the Low Awareness group, a statistically significant difference ($p < .001$). This is consistent with the importance of awareness in understanding young people's willingness to seek support. However, intention does not guarantee actual help-seeking; social expectations, fear of judgement, service accessibility and family attitudes may continue to influence decisions.

The qualitative themes complement these results. Although participants generally understood mental health as part of overall well-being, they identified stigma, fear of judgement and family or social expectations as barriers to professional help-seeking, and responses suggested that positive public discussion does not always translate into accepting behaviour. This indicates that knowledge may need to be accompanied by supportive social environments.

7. Limitations and Implications

The study had a relatively small sample of 90 participants and used convenience sampling, limiting generalisability. Self-reported responses may have been affected by social desirability. The cross-sectional design does not establish causation, and the self-developed questionnaire should not be assumed to have the psychometric properties of a validated standardised scale without further evidence. Future research could use larger and more diverse samples, validated measures and longitudinal designs; interviews or focus groups may deepen understanding of the social and cultural factors influencing residual stigma, and intervention studies could examine whether mental health education and stigma-reduction programmes improve attitudes and help-seeking.

Mental health programmes should address misconceptions and negative attitudes as well as provide information. Schools and colleges can promote open discussion and explain how professional support can be accessed, families can encourage young adults to discuss emotional difficulties without fear of judgement, and counsellors may address anticipated stigma and concerns about disclosure during support and awareness initiatives.

8. Conclusion

Mental Health Awareness was significantly associated with lower Residual Stigma, and participants with higher awareness reported stronger Help-Seeking Intention. Qualitative findings indicated that fear of judgement, family expectations and the gap between public awareness and actual attitudes may remain important. Awareness is valuable but should be accompanied by efforts to promote acceptance, open communication and supportive environments. Conclusions are limited to the study sample and design.

References

[1] E. Goffman, *Stigma: Notes on the Management of Spoiled Identity*, Prentice-Hall, 1963.

[2] B. G. Link and J. C. Phelan, "Conceptualizing stigma," *Annual Review of Sociology*, vol. 27, pp. 363–385, 2001.
[3] P. W. Corrigan and A. C. Watson, "Understanding the impact of stigma on people with mental illness," *World Psychiatry*, vol. 1, no. 1, pp. 16–20, 2002.
[4] A. F. Jorm, "Mental health literacy: Public knowledge and beliefs about mental disorders," *British Journal of Psychiatry*, vol. 177, pp. 396–401, 2000.
[5] A. Gulliver, K. M. Griffiths and H. Christensen, "Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review," *BMC Psychiatry*, vol. 10, Article 113, 2010.
[6] S. Clement, O. Schauman, T. Graham, F. Maggioni, S. Evans-Lacko, N. Bezborodovs, C. Morgan, N. Rüsch, J. S. L. Brown and G. Thornicroft, "What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies," *Psychological Medicine*, vol. 45, no. 1, pp. 11–27, 2015. https://doi.org/10.1017/S0033291714000129
[7] D. Rickwood, F. P. Deane and C. J. Wilson, "When and how do young people seek professional help for mental health problems?," *Medical Journal of Australia*, vol. 187, no. 7 (Suppl.), pp. S35–S39, 2007.