Original Research Article

The Role of Mental Health Literacy in Shaping Help-Seeking Behaviors among High School Students in Vietnam

Hoang Le Bao Nguyen[1*], Son Van Huynh[1], Quan Hong Bui[1]

[1]Ho Chi Minh University of Education, Vietnam

*Corresponding author: Hoang Le Bao Nguyen
Ho Chi Minh University of Education, Vietnam

Abstract

Background: Mental health issues, such as stress, anxiety, and depression, are becoming more common among high school students, yet cultural stigma and inadequate mental health literacy impede effective help-seeking in Vietnam. Adolescents sometimes encounter obstacles in identifying mental health issues and obtaining suitable resources, particularly in environments where professional services are inadequate and mental health is stigmatized. ***Purpose:*** This study aims to address the comprehension of mental health awareness and help-seeking behaviors among Vietnamese high school students. ***Methods:*** The study involved 422 high school students from four cities in Vietnam. The Depression Anxiety Stress Scales (DASS-21) and Mental Health Literacy Scale (MHLS) were employed to evaluate mental health awareness and behavior, with data processed utilizing SPSS version 22.0. ***Result:*** Students exhibited the greatest awareness of bipolar disorder (M = 4.43, SD = 0.844). Students experience a moderate to high level of anxiety when they become aware of potential mental health issues (M = 3.50, SD = 1.296). In order of priority, students actively seek information about mental health professionals (M = 3.88, SD = 0.645). Students are highly critical and thoughtful in comparing different sources of advice before deciding on a mental health strategy (M = 4.27, SD = 0.925). Students are slightly more likely to participate in these programs compared to other formal mental health resources (M = 1.44, SD = 0.469). Some students turn to online communities for support and guidance in managing their mental health issues (M = 1.63, SD = 0.483). ***Conclusion:*** This investigation underscores numerous critical developments in the mental health awareness and help-seeking behaviors of students in high schools. Students exhibited a deliberate approach to evaluating mental health resources and a strong awareness of bipolar disorder.

Keywords: mental health, adolescents, help-seeking behavior, high school students, mental health literacy.

INTRODUCTION

Mental health issues among adolescents are an increasing global concern, as high school students encounter heightened risks of stress, anxiety, and depression stemming from academic pressures, social dynamics, and the transitional phase of adolescence (Benner, 2011; Mack, 2022; Thapar *et al.,* 2012). Adolescence is a crucial developmental stage throughout the unaddressed mental health issues that can result in severe and enduring repercussions, including scholastic failure, social isolation, substance misuse, or persistent mental health illnesses (Beckwith *et al.,* 2024; Briggs, 2009; Patel *et al.,* 2007). In Vietnam, a nation with inadequate mental health infrastructure and enduring stigma about mental health, teenagers may encounter significant difficulties in identifying mental health disorders and pursuing appropriate assistance (Lund *et al.,* 2010). The interplay of constrained resources and cultural obstacles poses distinct problems in meeting the mental health requirements of high school students, underscoring the importance of examining their mental health awareness and help-seeking behaviors.

Cultural perceptions of mental health in Vietnam foster an aversion to seeking help, since mental health challenges are frequently seen as personal deficiencies or sources of familial shame (Lau *et al.,* 2016). This stigma inhibits individuals from openly discussing or confronting mental health issues, hence postponing intervention. Furthermore, Vietnam's healthcare system is not prepared to address mental health issues on a big scale, especially among adolescents. Notwithstanding attempts to enhance access to care, mental health services continue to be inadequately established, and adolescents may be unaware of where to obtain assistance or may harbor distrust towards the official healthcare system (Jorm,

Citation: Hoang Le Bao Nguyen, Son Van Huynh, Quan Hong Bui (2024). The Role of Mental Health Literacy in Shaping Help-Seeking Behaviors among High School Students in Vietnam. *Saudi J. Humanities Soc Sci, 9*(9): 299-312.

299

2012). In this setting, comprehending teenagers' perceptions of mental health and their approach to requesting assistance is crucial for formulating measures to enhance mental health outcomes.

Help-seeking behavior, particularly regarding mental health, is a multifaceted process shaped by numerous elements, including personal awareness of mental health, societal and cultural attitudes, and resource availability (Barrow, 2022; Rickwood *et al.,* 2005; Shtapura-Ifrah & Benish-Weisman, 2019). Rickwood *et al.,* (2005) presented a model of mental health help-seeking behavior that offers a significant framework for comprehending this process. The model defines help-seeking behavior into several critical stages: (1) awareness of a mental health issue, (2) expression of the need for help, (3) identification of suitable support sources, and (4) interaction with the support system to pursue a resolution. Every stage is affected by individual, social, and cultural elements that may either promote or obstruct the help-seeking process. Low mental health literacy and high stigma may hinder an individual's recognition of the need for assistance, whereas access to reliable resources can promote active engagement with professional services (Beukema *et al.,* 2022; Jung *et al.,* 2017; Rickwood *et al.,* 2005). The prospective influence of parental support on the professional help-seeking attitudes of Vietnamese adolescents was discovered by Nguyen *et al.,* (2024).

Mental health literacy is essential for encouraging help-seeking behavior, as persons with a greater comprehension of mental health difficulties are more inclined to identify symptoms, overcome stigma, and pursue professional assistance (Gulliver *et al.,* 2010; Ratnayake & Hyde, 2019; Wei *et al.,* 2013). In Vietnam, mental health literacy is notably deficient, especially among adolescents, who often lack a comprehensive understanding of mental health problems and the significance of early intervention (Weiss *et al.,* 2014). This deficiency in awareness is exacerbated by social standards that emphasize familial and societal cohesion above individual psychological health, thereby further dissuading adolescents from pursuing official assistance. This study seeks to examine the extent of mental health awareness among high school students in Vietnam and its impact on their help-seeking behavior.

This study is based on the adaptation of the Depression Anxiety Stress Scales (DASS-21), standardized for the Vietnamese context by Tran *et al.,* (2013), offering a dependable instrument for evaluating stress, anxiety, and depression in teenagers. The Mental Health Literacy Scale (MHLS) created by O'Connor and Casey (2015) assesses students' comprehension of mental health disorders, whereas the help-seeking behavior model by Rickwood *et al.,* (2005) provides a framework for examining students' responses to mental health challenges and their decisions to seek assistance.

Collectively, these instruments provide a thorough assessment of the incidence of mental health issues and the efficacy of help-seeking behaviors within this demographic.

A significant element of Rickwood *et al.,*'s concept is the differentiation between official and unofficial help-seeking. Official help-seeking is obtaining support from healthcare experts, like psychologists, counselors, or physicians, whereas unofficial help-seeking involves depending on family, friends, or self-directed initiatives. Research indicates that adolescents are more inclined to seek assistance from unofficial sources due to the perceived accessibility and trust inherent in these interactions (Cohen Goldstein *et al.,* 2024). In Vietnam, this development is apparent, as numerous students seek help from their family or friends prior to contemplating professional treatment (Jorm, 2012; Leong *et al.,* 2011). The inclination towards unofficial help-seeking is frequently motivated by apprehensions regarding the expense of professional services, anxiety over potential breaches of confidentiality, and skepticism towards the mental health care system (Watson, 2003). This study aims to investigate the degree to which Vietnamese high school students depend on official versus unofficial sources and how these preferences are influenced by their understanding of mental health issues.

Moreover, Yu *et al.,* (2023) underscore the impact of stigma on the help-seeking process, indicating that both society and self-stigma can serve as substantial obstacles to obtaining assistance. In several societies, including Vietnam, mental health remains significantly stigmatized, with individuals apprehensive about judgment or prejudice upon revealing a mental health issue (Do *et al.,* 2020; Patel *et al.,* 2007). This stigma not only deters individuals from seeking help but also influences their perception of mental health care. Students may hesitate to consult school counselors or psychologists due to concerns about confidentiality and the potential stigma of being perceived as "crazy" by their peers *et al.,* 2018). This study examines the impact of stigma on the help-seeking behaviors of Vietnamese students and assesses whether stigma reduction initiatives could enhance their propensity to seek professional help.

This study aims to address the comprehension of mental health awareness and help-seeking behaviors among Vietnamese high school students, emphasizing the cultural and social factors that affect these behaviors. This study utilizes Rickwood *et al.,* (2005) model of mental health help-seeking behavior to determine the barriers and facilitators affecting students' capacity to seek help and utilize mental health resources. This research's findings may guide the creation of initiatives to enhance mental health literacy, diminish stigma, and

expand access to mental health care for teenagers in Vietnam.

METHODS
Participants
The study sample consisted of 422 high school students, with a roughly balanced gender distribution: 50.7% (n = 214) male and 49.3% (n = 208) female. The participants' ages varied from 16 to 18 years, with the majority age being 17 years (51.9%, n = 219), followed by 18 years (25.1%, n = 106) and 16 years (23.0%, n = 97). Regarding academic performance, 50.5% (n = 213) of students obtained distinction, and 34.8% (n = 147) received credit. A minority of participants (14.5%, n = 61) exhibited average academic competence, while

merely 0.2% (n = 1) were categorized as bad. The predominant group of participants (68.7%, n = 290) was the Kinh ethnic group, while 23.2% (n = 98) identified as Chinese, and 8.1% (n = 34) represented other ethnicities. In terms of geographical distribution, 28.7% (n = 121) of participants were from Buon Ma Thuot, 25.6% (n = 108) from Ho Chi Minh City, 23.9% (n = 101) from Hanoi, and 21.8% (n = 92) from Sa Dec. 47.2% (n = 199) of participants reported their financial position as affluent, 42.2% (n = 178) regarded it as average, and 10.7% (n = 45) indicated financial inadequacy. This sample offers a varied representation of students spanning many genders, ages, academic achievements, ethnicities, geographic regions, and socioeconomic statuses.

Table 1: Characteristics of participant

Characteristics		N	%
Gender	Male	214	50.7
	Female	208	49.3
Age	16 years old	97	23.0
	17 years old	219	51.9
	18 years old	106	25.1
Academic performance	Distinction	213	50.5
	Credit	147	34.8
	Average	61	14.5
	Poor	1	0.2
Ethnic group	Kinh	290	68.7
	The Chinese	98	23.2
	Others	34	8.1
Area	Hanoi	101	23.9
	Ho Chi Minh	108	25.6
	Buon Ma Thuot	121	28.7
	Sa Dec	92	21.8
Financial status	Deficiency	45	10.7
	Average	178	42.2
	Wealthy	199	47.2
Total		422	100

Measurement
Tran *et al.,* (2013) adapted the Depression, Anxiety, and Stress Scale—21 items (DASS-21) to the Vietnamese context in order to evaluate the levels of depression, anxiety, and stress among high school students. Respondents evaluate each item on a scale of 1 (strongly disagree) to 5 (strongly agree) using a Likert-5 approach. The adaptation was based on the Mental Health Literacy Scale (MHLS) devised by O'Connor and Casey (2015) and informed by an analysis of Vietnamese studies. Moreover, it was informed by Rickwood *et al.,*'s model of mental health help-seeking behavior. The scale was culturally relevant and suitable for the Vietnamese high school population as a result of the combination of theoretical underpinnings.

Using Cronbach's alpha, the DASS-21's reliability was assessed, and the subscales revealed robust results, suggesting a high degree of internal

consistency. The stress subscale, anxiety subscale, and depression subscale all achieved alpha coefficients of 0.882, 0.779, and 0.848, respectively. The total reliability coefficient for the entire scale was 0.826, which indicates that the DASS-21 is a dependable instrument for assessing these psychological states in the Vietnamese context.

The study utilized a variety of subscales to evaluate mental health help-seeking behaviors in addition to measuring mental health symptoms. These subscales assessed various components of the help-seeking process, such as the cognitive stage ($\alpha = 0.686$) and the emotional stage ($\alpha = 0.752$), which correspond to the cognitive and emotional components of seeking assistance. The official resource seeking and evaluation subscale achieved a reliability coefficient of 0.870, while the unofficial resource seeking and evaluation subscale got 0.739. Additionally, the scale included dimensions

related to resource evaluation and utilization. Additionally, the reliability coefficient of the official resource use subscale was 0.826, while the unofficial resource use subscale scored 0.700. The scale's robustness in evaluating students' help-seeking behaviors related to mental health is confirmed by these reliability values.

The DASS-21 and the help-seeking behavior scales demonstrated high reliability, making them valuable instruments for the investigation of mental health issues and related behaviors among Vietnamese high school students. In schools and other educational environments, these instruments can assist in the development of mental health support strategies and interventions.

Procedures

The research was conducted in two distinct phases: a pilot survey phase and an official survey phase.

The primary objective of the pilot survey phase was to enhance the questionnaire's content in anticipation of the official survey. The objective of this phase was to evaluate the reliability of the scales and eliminate any items that were weak or unreliable. The data was analyzed using mathematical statistics after a questionnaire was distributed to high school students. The pilot survey targeted 100 high school students from Ho Chi Minh City, with an age range of 16 to 18. The survey was conducted online using Google Forms as a result of the COVID-19 pandemic and the corresponding travel restrictions. From September 15 to September 19, 2020, the pilot phase was implemented for a brief duration. The questionnaire's viability for the official survey was guaranteed by the results of this phase, which facilitated its refinement.

The research focused on evaluating the present state of mental health help-seeking behavior among high school students on a larger scale during the official survey phase. The objective was to develop a thorough comprehension of the behaviors of students who seek assistance and to suggest strategies that could improve and facilitate the provision of more effective mental health support.

The official survey was administered to a sample of 422 high school students from a variety of regions, including Hanoi, Ho Chi Minh City, Buon Ma Thuot City, and Sa Dec City (Dong Thap). Data collection was conducted in accordance with the rigorous COVID-19 prevention protocols that were in effect at the time. The research was conducted during this phase from October 24 to November 20, 2020.

The following procedures guaranteed that the research was both comprehensive and in accordance with health and safety regulations, thereby enabling the acquisition of valuable data in spite of the obstacles presented by the pandemic.

Data Analysis

SPSS version 22.0 software was employed to input and analyze the survey data. The researcher concentrated on the processing of the results related to mental health assessment and mental health awareness among high school students during the data analysis phase. In order to guarantee that the data was thoroughly examined, numerous statistical methodologies were implemented. The mean score obtained by participants was determined by calculating the mean score (M) for each subscale and overall scale in the questionnaire. This enabled an evaluation of the sample's overall mental health and help-seeking behaviors. To characterize the degree of variability or dispersion in the responses, the standard deviation (SD) was also computed. This statistic offered a glimpse into the degree to which the selected responses were concentrated or dispersed around the mean, thereby facilitating the identification of consistency or variation in the mental health awareness and behaviors of the participants. The frequency and percentage of selected options were calculated for each response category, in addition to the mean and standard deviation. This analysis allowed the researcher to quantify the frequency with which participants selected specific opinions or behaviors, thereby providing a more comprehensive understanding of the prevalence of a variety of attitudes and help-seeking behaviors associated with mental health. The data were analyzed in a manner that emphasized critical patterns, trends, and levels of mental health awareness and behaviors among high school students using these statistical methods.

RESULTS

The study's results provide a comprehensive analysis of the mental health conditions of high school students, emphasizing stress, anxiety, and depression. A total of 422 students engaged in the study, and the distribution of mental health disorders is delineated in Table 2.

Table 2: Levels of stress, anxiety, and depression among high school students

	Stress		Anxiety		Depression	
	N	%	N	%	N	%
Normal	146	34.6%	58	13.7%	139	32.9%
Mild	97	23.0%	68	16.1%	95	22.5%
Moderate	82	19.4%	148	35.1%	99	23.5%
Severe	69	16.4%	67	15.9%	38	9.0%
Very severe	28	6.6%	81	19.2%	51	12.1%
Total	**422**	**100.0%**	**422**	**100.0%**	**422**	**100.0%**

Note: N, frequency; %, percentage

Among the participants, 34.6% (n = 146) demonstrated normal stress levels, indicating that a considerable number of students were not undergoing

substantial stress. Nonetheless, 23.0% (n = 97) indicated mild stress, signifying a certain level of anxiety. Furthermore, 19.4% (n = 82) reported moderate stress, potentially reflecting increasing apprehensions about their mental health. Of particular concern is that 16.4% (n = 69) of students reported experiencing severe stress, while 6.6% (n = 28) demonstrated extremely severe stress, suggesting that more than one-fifth of the students are confronting significant stress-related challenges.

Anxiety emerged as a more widespread concern, with merely 13.7% (n = 58) of students classified within the normal range. A notable percentage, 35.1% (n = 148), exhibited moderate anxiety, indicating that anxiety is a prevalent issue among the participants in the study. Moreover, 19.2% (n = 81) of students indicated experiencing extremely severe anxiety, representing the greatest proportion in the most severe group among the three mental health assessments. 16.1% (n = 68) of students expressed mild anxiety, whereas 15.9% (n = 67) had severe anxiety. This distribution reveals that anxiety, particularly in moderate and severe manifestations, poses a significant challenge for this demographic.

Regarding depression, 32.9% (n = 139) of students displayed normative levels of depressed symptoms. Approximately 23.5% of the students (n = 99) exhibited moderate depression, while 22.5% (n = 95) demonstrated mild depression. Nine percent (n = 38) of students exhibited severe depression, while 12.1% (n = 51) were classified as experiencing very severe depression. The results indicate that although depression is less prevalent than anxiety, it remains a considerable concern, with 44.6% of students exhibiting moderate to severe levels of depression.

Approximately 65% of students encountered anxiety varying from mild to severe, while around 40% reported comparable levels of stress. Although depression was considerably less common, approximately 50% of the students exhibited depressive symptoms at low or greater intensities. These findings highlight the necessity for proactive mental health interventions in educational institutions to address these issues and furnish students with essential resources and assistance.

The findings from the research illustrate the mental health help-seeking behaviors of high school students, as indicated in Table 3. The mean (M) and standard deviation (SD) values for different phases of help-seeking behavior are presented.

Table 3: Mental health help-seeking behavior of high school students

	M	SD
Awareness aspect	4.11	.554
Needs expression aspect	3.13	.771
Finding and evaluating resources aspect	3.97	.558
Utilizing resources aspect	1.49	.328

Note: M, mean; SD, standard deviation

The awareness aspect, indicating students' identification and awareness of their mental health requirements, recorded the highest mean score (M = 4.11, SD = 0.554). This indicates that students typically have a significant capacity to identify when they are facing mental health challenges. The comparatively low standard deviation signifies a uniform response among participants.

In the needs expression aspect, which related to the ability of students to express and convey their emotional difficulties, the mean score was lower (M = 3.13, SD = 0.771). This indicates that although students may acknowledge their mental health issues, they encounter significant obstacles in addressing these emotions publicly. A higher standard deviation signifies increased variety in young people's emotional expression abilities.

Students demonstrated proficiency in finding and evaluating mental health services, with a mean score of M = 3.97 (SD = 0.558). This indicates that students are often adept at recognizing accessible materials and evaluating their quality and utility. Notwithstanding this capability, students' genuine interaction with these resources may remain constrained, as shown by the following element of resource consumption.

The lowest scores were recorded in the use of mental health resources, with a mean score of M = 1.49 (SD = 0.328). This research indicates a significant disparity between students' awareness and capacity to identify resources and their actual utilization of these resources. The low mean and somewhat modest standard deviation suggest that this is a prevalent concern among students. Potential factors may encompass stigma associated with mental health, apprehension of judgment, distrust in available services, or logistical obstacles such as expense or accessibility.

Table 4 illustrates high school students' awareness of mental health issues, demonstrated by their replies to multiple statements concerning mental health conditions.

Table 4: Awareness of mental health of high school students

	M	SD
If someone experiences a depressed mood, low levels of emotion for two or more weeks, loss of interest or pleasure in usual activities, and changes in eating and sleeping patterns. Do you think they seem to have a depressive disorder?	4.27	.903
To what extent do you think chronic depression is a type of mental illness?	4.32	.920
To what extent do you think a diagnosis of bipolar disorder includes experiencing periods of extreme euphoria, high levels of happiness, and periods of depression, such as sadness and low energy?	4.43	.844
To what extent do you think a diagnosis of substance dependence includes physical and psychological tolerance to the substance, such as needing more of the substance to achieve a sense of functioning like a normal person?	4.39	.886
How helpful do you think it would be if someone improved their sleep quality if they were having difficulty managing their emotions (e.g., becoming very anxious or depressed)?	3.11	.548

Note: M, mean; SD, standard deviation

The majority of students had a significant awareness of depressive conditions. The mean response to the question of whether symptoms such as a depressed mood, diminished emotional levels for two or more weeks, loss of interest in regular activities, and alterations in eating and sleeping patterns signified a depressive disorder was 4.27 (SD = 0.903). This indicates that students typically identify the primary symptoms of depression, but with significant variation in awareness levels.

Students demonstrated a robust understanding that chronic depression represents a mental disorder, with a mean score of 4.32 (SD = 0.920). The findings suggest that most respondents recognize chronic depression as a valid mental health disorder, signifying a crucial aspect of mental health awareness among high school students.

The mean score for understanding bipolar disorder, particularly regarding its association with periods of intense euphoria, elevated happiness, and depressive phases, was 4.43 (SD = 0.844). This significant score indicates that students demonstrate a solid comprehension of the basic symptoms of bipolar illness. The lowest standard deviation signifies a uniform understanding among students on the cyclical characteristics of this mental health issue.

Students were inquired concerning substance dependence, specifically regarding the inclusion of bodily and psychological tolerance to substances, such as the necessity for increased amounts to operate normally. The mean response was 4.39 (SD = 0.886), showing a robust understanding of the concept of substance dependency and its manifestations. This degree of awareness is essential, as it signifies students' comprehension of addiction and its effects on mental and physical health.

Students appeared to have a limited awareness of the relationship between sleep quality and emotional regulation, in contrast to their comprehension of mental diseases. The mean score for the helpfulness of enhancing sleep quality in managing emotions like anxiety or depression was 3.11 (SD = 0.548). This score indicates a limited comprehension of the connection between sleep and mental health, significantly lower than in other domains of awareness, implying that students may not completely recognize the influence of sleep on emotional well-being.

Table 5 presents an overview of high school students' emotional attitudes regarding mental health issues and their help-seeking behaviors. These data illustrate students' internal emotional experiences about mental health concerns and their attitudes towards disclosing and resolving these issues.

Table 5: Emotions - attitudes towards mental health problems and help-seeking behavior for mental health problems of high school students

	M	SD
I feel anxious when I realize I may be having a mental health problem.	3.50	1.296
I feel confident in telling others that I am having a mental health problem and need help.	3.10	.996
I found it difficult to express my emotions after becoming aware of the mental health issues I was facing.	2.84	1.043
I feel relieved to be able to share my mental health issues with family or friends.	3.24	1.133
I felt embarrassed to admit to myself that I needed to seek help from professional resources.	2.97	.933

Note: M, mean; SD, standard deviation

The statement, "I feel anxious when I realize I may be having a mental health problem" achieved a mean score of 3.50 (SD = 1.296), signifying that a moderate degree of anxiety is prevalent among students

upon recognizing a possible mental health issue. The considerable standard deviation indicates that students' feelings of anxiety in this environment differ

significantly, with certain students experiencing markedly higher levels of worry than their peers.

The students' confidence in revealing their mental health issues to others was relatively diminished, with a mean score of 3.10 (SD = 0.996). This indicates that, on average, students exhibit diminished confidence in disclosing their mental health challenges and soliciting assistance from others. The standard deviation signifies moderate variety in students' confidence levels, with particular students more at ease sharing their challenges, while others may have difficulties.

The mean score for the statement "I found it difficult to express my emotions after becoming aware of the mental health issues I was facing" was 2.84 (SD = 1.043), indicating that numerous students encounter challenges in articulating their emotions upon acknowledging their mental health difficulties. The standard deviation indicates significant variety, suggesting that while some students struggle with emotional expression, others are more adept at it.

The claim that "I feel relieved to share my mental health issues with family or friends" obtained a mean score of 3.24 (SD = 1.133), suggesting that students typically experience a moderate sense of relief after disclosing their mental health concerns to trusted individuals. The considerable standard deviation indicates varying degrees of emotional comfort among

students, with some experiencing substantial alleviation while others may not get the same advantage.

The mean score for the item "I felt embarrassed to admit to myself that I needed to seek help from professional resources" was 2.97 (SD = 0.933). This suggests that, on average, students experience a degree of embarrassment in recognizing their need for professional assistance. The comparatively low standard deviation indicates that feelings of shame are quite uniform among the student population.

A wide range of students experience anxiety upon recognizing their mental health difficulties, although they exhibit diminished confidence in revealing these issues to others. Although discussing mental health challenges with family and friends can provide relief, numerous students encounter difficulties in articulating their emotions. Moreover, embarrassment continues to prevent several students from pursuing professional assistance. These findings underscore the necessity for mental health therapies that promote emotional expressiveness, reduce stigma, and facilitate help-seeking behavior.

Table 6 illustrates the approaches employed by high school students in finding and evaluating official services for managing their mental health concerns. The results indicate students' tendencies to seek help and their evaluations of the trustworthiness and appropriateness of professional mental health options.

Table 6: Finding and evaluating official resources that address high school students' mental health issues

	M	SD
I seek information about professional psychologists and counselors for help.	3.88	.645
I evaluate the professionalism and experience of mental health professionals before deciding to use their services.	3.74	.681
I consider the costs and benefits of professional counseling before deciding to seek help.	3.77	.684
I researched psychological support programs in schools or social organizations before using them.	3.69	.717
I trust medical professionals when it comes to advising me about my mental health.	3.62	.754

Note: M, mean; SD, standard deviation

The statement, "I seek information about professional psychologists and counselors for assistance," had the highest mean score (M = 3.88, SD = 0.645). This signifies that students proactively pursue information on mental health providers when they require support. The comparatively low standard deviation indicates that students' activities in this domain are uniform, with the majority demonstrating a comparable degree of effort in knowledge acquisition.

The mean score for the statement "I consider the costs and benefits of professional counseling before deciding to seek help" was 3.77 (SD = 0.684). This indicates that students evaluate the prospective benefits of professional counseling in relation to the associated financial or personal costs prior to engaging in services.

The standard deviation reflects variability in students approaches to the decision-making process.

Students indicated a significant level of regard for the professionalism and experience of mental health providers, evidenced by a mean score of 3.74 (SD = 0.681) for the statement, "I evaluate the professionalism and experience of mental health professionals before deciding to use their services." This indicates that students are prudent and deliberate in selecting mental health specialists, ensuring they pursue skilled and experienced practitioners.

The statement, "I researched psychological support programs in schools or social organizations before utilizing them" yielded a mean score of 3.69 (SD = 0.717). This suggests that although several students

explore accessible support programs, their engagement in this domain is somewhat diminished relative to their pursuit of information regarding specific mental health practitioners. The somewhat elevated standard deviation indicates increased variability in the extent of student engagement with these activities.

Finally, the statement "I trust medical professionals when it comes to advising me about my mental health" received a mean score of 3.62 (SD = 0.754), which was the lowest among the measuring items, despite still being relatively high. This implies that, despite the fact that students generally have confidence in medical specialists, they may have some apprehensions or uncertainties about the advice they receive. The variability in trust levels among students is indicated by the larger standard deviation.

In general, the findings indicate that high school students are proactive in their pursuit of information regarding professional mental health resources, with a particular emphasis on the credentials and professionalism of counselors and psychologists. Before deciding to seek assistance, they also evaluate the advantages and disadvantages of professional counseling. Students demonstrate slightly lower levels of trust in medical personnel when it comes to mental health advice, despite their moderate engagement in researching psychological support programs within schools or social organizations. These results underscore the significance of establishing trust with medical professionals and the critical approach that students take when evaluating mental health resources.

The findings in Table 7 offer an insight into the process by which high school students identify and assess unofficial resources to resolve their mental health issues. These unofficial resources encompass informal self-care methods, online communities, family, and acquaintances.

Table 7: Finding and evaluating unofficial resources that address high school students' mental health issues

	M	SD
I seek advice from family and friends about mental health issues.	4.26	.895
I evaluate my loved ones' personal experience in dealing with psychological issues before applying it to myself.	4.19	.893
I consider getting support from online communities or other non-professional support groups.	4.13	.925
I seek out self-care methods or stress reduction techniques through informal resources like books, blogs, and videos.	4.19	.939
I compared various advices before deciding to apply any method.	4.27	.925

Note: M, mean; SD, standard deviation

The mean score for the statement "I seek advice from family and friends about mental health issues" was 4.26 (SD = 0.895). This implies that students frequently seek advice and guidance on mental health issues from their loved ones. The relatively low standard deviation suggests that the majority of students exhibit comparable tendencies in their pursuit of support from family and acquaintances.

Students reported the highest level of behavior for the statement "I compared various advice before deciding to apply any method," with a mean score of 4.27 (SD = 0.925). This indicates that students are deliberate and critical in their evaluation of various pieces of advice prior to selecting a particular course of action for their mental health. The moderate standard deviation suggests that certain students may adopt a more selective approach than others.

The mean score of the statement "I seek out self-care methods or stress reduction techniques through informal resources like books, blogs, and videos" was 4.19 (SD = 0.893). This demonstrates that students prioritize the evaluation of the relevance and validity of the experiences of their loved ones prior to incorporating that advice into their own mental health strategies. The standard deviation, which indicates the consistency of responses, implies that this evaluative behavior is relatively prevalent.

The mean score for "I consider getting support from online communities or other non-professional support groups" was 4.13 (SD = 0.925). This demonstrates that students frequently regard non-professional, online support groups as prospective resources for addressing mental health issues. Nevertheless, the slightly higher variability in responses indicates that not all students rely on these informal support systems in the same way.

The results suggest that high school students are actively engaged in the pursuit and assessment of an extensive variety of unofficial resources for mental health support. They extensively depend on the advice of family and friends and conduct a critical evaluation of various pieces of advice prior to implementing them. Furthermore, it is probable that students will seek self-care strategies from informal sources, including blogs and books, and may also seek assistance from online communities. The results indicate that students' assistance-seeking behavior is significantly influenced by their dependence on informal resources and personal networks, despite the fact that they employ a variety of

deliberate and diverse strategies to address mental health issues through unofficial means.

Table 8 presents an overview of high school students' utilization of external official resources to treat their mental health concerns. These official resources encompass counseling services, psychotherapy sessions, and psychological support programs offered by educational institutions or professional facilities.

Table 8: Utilizing external official resources to address mental health issues of high school students

	M	SD
I use counseling services from psychologists to deal with my mental health problems.	1.34	.475
I attended therapy sessions with a psychologist after searching and evaluating resources.	1.35	.478
I use psychological counseling services at school or psychological support centers.	1.40	.491
I use health services to get diagnosed and treated for mental health problems.	1.36	.481
I participate in official psychological support programs provided by schools or social organizations.	1.44	.496

Note: M, mean; SD, standard deviation

The statement "I participate in official psychological support programs provided by schools or social organizations" exhibited the highest mean score (M = 1.44, SD = 0.496). Despite the score remaining relatively low, it indicates that students are somewhat more inclined to participate in official psychological support programs compared to alternative official options. The moderate standard deviation signifies variability, implying that participation in these activities may not be uniform among students.

The statement, "I use psychological counseling services at school or psychological support centers" received a mean score of 1.40 (SD = 0.491). This indicates that a limited number of students access counseling services provided by their educational institutions or authorized support centers. The low average indicates restricted participation; yet, specific students do utilize these resources.

The mean score for "I use health services to get diagnosed and treated for mental health problems" was 1.36 (SD = 0.481). This suggests that a limited number of students pursue official health services for diagnosis and treatment, while it remains a pertinent resource for certain students. The minimal standard deviation indicates a rather uniform trend of low usage among the student population.

Students indicated minimal participation in therapy sessions, as seen by the statement "I attended therapy sessions with a psychologist after searching and evaluating resources," which garnered a mean score of 1.35 (SD = 0.478). This indicates that students infrequently participate in formal treatment sessions, and those who do often constitute a small, stable segment of the population.

The item "I use counseling services from psychologists to deal with my mental health problems" received the lowest mean score (M = 1.34, SD = 0.475), suggesting that students rarely engage in formal counseling with a psychologist. The minimal standard deviation indicates consistency in the restricted utilization of this resource.

The results indicate that high school students exhibit minimal utilization of official mental health options, such as counseling services, therapy sessions, and school-based psychological support programs. Engagement in sanctioned psychological support initiatives is somewhat more prevalent; nonetheless, the overall utilization of formal services remains limited. The results indicate a possible disparity between the accessibility of mental health services and students' readiness or capacity to engage with them, emphasizing the necessity for enhanced outreach and motivation for students to utilize these vital services.

Table 9 defines high school students' utilization of external unofficial resources to manage their mental health concerns. These resources encompass peer support, familial aid, self-care strategies, virtual support groups, and guidance from books, blogs, or instructional videos.

Table 9: Utilizing external unofficial resources to address mental health issues of high school students

	M	SD
I often share and receive support from friends to solve my psychological problems.	1.62	.487
I seek help from my family in dealing with mental health issues.	1.56	.497
I use self-care techniques like meditation, yoga, or journaling to reduce stress.	1.61	.487
I take part in online support groups to seek advice and encouragement from people with similar experiences.	1.63	.483
I apply advice from books, blogs, or instructional videos to improve my mental health.	1.59	.493

Note: M, mean; SD, standard deviation

The statement, "I often share and receive support from friends to solve my psychological problems" yielded a mean score of 1.62 (SD = 0.487). This indicates that students occasionally depend on their peers for emotional support and guidance regarding their mental health issues. Although the occurrence is rather seldom, it signifies that peer support constitutes a component of students' coping mechanisms.

The mean score for "I seek help from my family in dealing with mental health issues" was 1.56 (SD = 0.497), suggesting that students do seek familial support, however it is not their predominant approach to addressing mental health concerns. The minimal standard deviation indicates a stable trend of reduced need for familial assistance.

The statement, "I use self-care techniques such as meditation, yoga, or journaling to reduce stress" got a mean score of 1.61 (SD = 0.487). This indicates that although certain students integrate self-care practices into their routines, the overall use of these measures remains limited. Self-care continues to be an infrequent approach for addressing mental health concerns.

Students indicated a mean score of 1.63 (SD = 0.483) for the statement "I take part in online support groups to seek advice and encouragement from people who have similar experiences." This indicates that while students may interact with these groups, they are not extensively utilized; yet, for those who do connect, online communities offer a source of support.

The statement, "I apply advice from books, blogs, or instructional videos to improve my mental health" received a mean score of 1.59 (SD = 0.493). This suggests that although students occasionally seek informal assistance from sources such as books and blogs, it is not a prevalent habit. The minimal involvement with these tools indicates their restricted function in students' mental health initiatives.

The findings indicate that high school students demonstrate minimal utilization of external unofficial options for managing mental health problems. Online support groups and peer assistance from friends are slightly more utilized than family support and self-care measures, which are employed less frequently. Students exhibit minimal dependence on guidance from books, blogs, or instructional videos, underscoring a general trend of restricted interaction with these unofficial mental health support systems.

DISCUSSION

This investigation investigated the mental health care-seeking behavior, awareness, and attitudes of high school students, with a particular emphasis on depression, anxiety, and stress. The results offered critical insights into the both official and unofficial resources that students rely on, their approach to help-seeking behaviors, and their awareness of mental health disorders. The difficulties that students encounter when identifying mental health issues and seeking appropriate support were also underscored by these results.

Awareness of mental health of high school students

The results indicate that students exhibited the maximum level of awareness regarding bipolar disorder. This implies that bipolar disorder is relatively well-known and comprehended by students, likely as a result of its unique and more readily identifiable symptoms, including periods of extreme euphoria followed by deep depressive episodes. This elevated level of awareness may be attributed to the prominence of bipolar disorder in mainstream media and educational initiatives in comparison to other mental health conditions (Hawke *et al.,* 2013; Rickwood *et al.,* 2015). The results are in line with previous research suggests that adolescents are becoming more aware of mood disorders such as bipolar disorder, primarily as a result of the manner in which these conditions are conveyed in public discourse and health education programs (Evans *et al.,* 2005).

This increased awareness of bipolar disorder may also be indicative of the public's emphasis on more extreme and recognizable mental health issues, which frequently obscures subtler but equally significant conditions like moderate depression or chronic anxiety. Mental health literacy is essential for the early detection and treatment of mental illness, as demonstrated by prior research (Jorm, 2012; Seedaket *et al.,* 2020). Encourage a more comprehensive comprehension of a variety of mental health issues beyond those that are highly visible or well-publicized, by utilizing students' awareness of bipolar disorder to improve their overall mental health literacy.

Emotional Expression Stage

The research revealed that students experience moderate to high levels of anxiety when they become aware of potential mental health issues. This outcome underscores the emotional obstacles that impede students from promptly confronting their mental health concerns. Help-seeking behaviors may be discouraged by anxiety associated with mental health awareness, as students may be apprehensive about stigma, judgment, or the repercussions of acknowledging their challenges (Austin, 2022; Nuttall, 2019).

This result is consistent with research that indicates that adolescents frequently experience anxiety regarding mental health issues, which serves as an obstacle to seeking assistance (Gulliver *et al.,* 2010; Rickwood *et al.,* 2005). The emotional reaction of students upon realizing that they may have a mental health issue may be ascribed to personal fear of vulnerability and societal stigma. Avoidance behaviors may result from the apprehension of being stigmatized

as mentally ill or distinct, which can impede or postpone early intervention and treatment (Ferrie *et al.,* 2020). Schools and educational institutions should prioritize the reduction of stigma by creating more supportive environments in which students feel comfortable discussing their mental health without fear of judgment.

Help-Seeking Behavior and Resource Prioritization

In terms of help-seeking behaviors, the study discovered that students are proactive in their pursuit of information about mental health professionals, as this was classified as a high priority. The students recognized the significance of consulting with professionals when confronted with mental health concerns for pursuing information about professional psychologists and counselors. This is consistent with previous research that indicates that adolescents prioritize professional opinions, particularly when they consider the matter to be significant (Cohen & Mandelbaum, 2006). Nevertheless, students may still be unable to completely utilize professional resources due to barriers such as cost, accessibility, and fear of stigma, despite their awareness and prioritization of these resources (King, 2023; Rickwood *et al.,* 2015).

Interestingly, the data also suggest that students prioritize the acquisition of information from professionals, but they are also highly critical and deliberate in their evaluation of various sources of advice prior to determining a mental health strategy. This implies that students do not embrace information at face value, but rather critically evaluate the credibility and applicability of various resources (Julien & Barker, 2009). The students' deliberate approach to mental health strategies is further underscored by the high mean score for comparing various advice before deciding to employ any method.

This discovery emphasizes the necessity of providing students with dependable and easily accessible information regarding mental health issues that they can assess and rely on. In order to assist students in navigating the intricate landscape of mental health resources, schools and mental health organizations should offer plain, evidence-based guidance (Diamond *et al.,* 2023). Furthermore, educational initiatives could concentrate on enhancing students' capacity to critically evaluate mental health information, which could enhance their overall mental health outcomes and help-seeking behaviors.

Utilization of Official and Unofficial Resources

The study discovered that students are slightly more inclined to engage in formal mental health programs than they are to utilize other formal resources. This is evidenced by a higher mean score for participation in psychological support programs than for the actual utilization of professional counseling services. This implies that students may be reluctant to pursue

individual counseling or therapy; however, they are more amenable to participating in group programs or broader mental health initiatives offered by schools or organizations (Adelman & Taylor, 2010; Rickwood *et al.,* 2005). This discovery is consistent with other research, which has demonstrated that group-based interventions or programs have higher participation rates than individual counseling, particularly among adolescents (Das *et al.,* 2016).

One potential explanation for this behavior is that group programs provide a sense of anonymity and collective participation, which can alleviate the dread of being singled out for requiring assistance. Additionally, these programs may be more accessible and less intimidating for students than individual counseling, which can be perceived as more intimate and intrusive (Smith *et al.,* 2005). The minor preference for group programs implies that schools and mental health providers should contemplate the expansion of these types of interventions in order to enhance student engagement with mental health resources (Macfarlane & Tomlinson, 2017).

The results also suggest that a small number of students seek assistance and direction in managing their mental health issues through online communities. This is indicative of the increasing prevalence of adolescents seeking mental health support and advice through online platforms, which provide both anonymity and convenience (Burns *et al.,* 2009; Havas *et al.,* 2011). Students who may be hesitant to seek assistance from formal channels may find online communities to be a valuable source of peer support and resources (Qayyum, 2018).

Nevertheless, online resources are not without their hazards, despite their potential advantages. The potential for misinformation to disseminate is present, and the quality and veracity of advice found in online communities can vary significantly (Swire-Thompson & Lazer, 2020). Consequently, it is imperative that students are provided with the necessary skills to critically assess the information they acquire from these sources. Schools and mental health professionals could be instrumental in ensuring that students are directed to reputable online communities and are equipped with the necessary tools to identify trustworthy information.

The study's results have significant implications for the enhancement of mental health support in institutions. Initially, it is imperative to enhance mental health literacy across a broader spectrum of conditions. This will ensure that students are not only cognizant of more visible disorders, such as bipolar disorder, but also comprehend the signs and symptoms of anxiety, depression, and other prevalent mental health issues. Ultimately, the mental health outcomes of students can be improved by enhancing mental health

literacy, which can result in earlier detection and intervention. Furthermore, it is imperative to diminish the stigma associated with mental health issues in order to motivate students to seek assistance. Schools should cultivate an atmosphere in which students are at ease discussing mental health without the apprehension of being judged or stigmatized. This could be accomplished by incorporating mental health education into the curriculum, conducting awareness campaigns, and establishing secure environments where students can voice their concerns. Lastly, it is imperative that schools and mental health organizations continue to broaden the scope of group-based mental health programs and enhance the accessibility of both formal and informal resources. Students will be able to select the support that is most comfortable and accessible to them by providing a diverse array of options, such as individual counseling, group interventions, and online resources. Furthermore, equipping students with the resources necessary to conduct a critical evaluation of mental health resources, both online and offline, will make sure that they are making well-informed decisions regarding their mental health.

The sample's limited geographical representation, which concentrates on urban areas such as Hanoi, Ho Chi Minh City, Buon Ma Thuot, and Sa Dec, is one of the primary limitations of this study. This may not accurately represent the mental health awareness and help-seeking behaviors of students in rural or less developed regions of Vietnam. The reliability of the findings may be influenced by potential biases, such as social desirability and inaccurate self-assessment, that are introduced by the reliance on self-reported data. In addition, the cross-sectional design of the study limits the capacity to infer causal relationships between mental health awareness and help-seeking behaviors, offering only a snapshot rather than longitudinal insights. Additionally, the investigation fails to adequately consider the cultural factors that may significantly affect the stigmatization and perceptions of mental health issues among students, which may differ across various communities. Future research should incorporate a broader range of samples, employ mixed-method approaches such as interviews to mitigate bias, and implement a longitudinal design to monitor behavioral changes over time.

CONCLUSION

This investigation underscores numerous critical developments in the mental health awareness and help-seeking behaviors of students in high schools. Students exhibited a deliberate approach to evaluating mental health resources and a strong awareness of bipolar disorder. Nevertheless, the stigma associated with obtaining help and the anxiety associated with acknowledging mental health issues continue to be substantial obstacles. In order to assist students in managing their mental health, schools and mental health

providers must persist in their efforts to improve mental health literacy, reduce stigma, and provide a variety of accessible and dependable resources.

REFERENCES

* Adelman, H. S., & Taylor, L. (2010). *Mental health in schools: Engaging learners, preventing problems, and improving schools*. Corwin Press.
* Austin, L. (2022). Mental Health Stigma and Psychological Help-Seeking in Adolescence.
* Barrow, E. (2022). *Adolescent Mental Health in Schools: Help-Seeking and Student-Led Approaches*. The University of Manchester (United Kingdom).
* Beckwith, S., Chandra-Mouli, V., & Blum, R. W. (2024). Trends in adolescent health: Successes and challenges from 2010 to the present. *Journal of Adolescent Health*, *75*(4), S9-S19. https://doi.org/10.1016/j.jadohealth.2024.04.015
* Benner, A. D. (2011). The transition to high school: Current knowledge, future directions. *Educational Psychology Review*, *23*, 299-328. https://doi.org/10.1007/s10648-011-9152-0
* Beukema, L., Tullius, J. M., Korevaar, L., Hofstra, J., Reijneveld, S. A., & de Winter, A. F. (2022). Promoting mental health help-seeking behaviors by mental health literacy interventions in secondary education? Needs and perspectives of adolescents and educational professionals. *International Journal of Environmental Research & Public Health*, *19*(19), 11889. https://doi.org/10.3390/ijerph191911889
* Briggs, S. (2009). Risks and opportunities in adolescence: Understanding adolescent mental health difficulties. *Journal of Social Work Practice*, *23*(1), 49-64. https://doi.org/10.1080/02650530902723316
* Burns, J. M., Durkin, L. A., & Nicholas, J. (2009). Mental health of young people in the United States: what role can the internet play in reducing stigma and promoting help seeking? *Journal of Adolescent Health*, *45*(1), 95-97. https://doi.org/10.1016/j.jadohealth.2008.12.006
* Cohen Goldstein, M., Tatar, M., & Amram Vaknin, S. (2024). Adolescents who turn to service providers for guidance: the perspectives of informal sources of support. *British Journal of Guidance & Counselling*, *52*(3), 522-536. https://doi.org/10.1080/03069885.2023.2217336
* Cohen, L., & Mandelbaum, R. (2006). Kids Will Be Kids: Creating a Framework for Interviewing and Counseling Adolescent Clients. *Temp. L. Rev.*, *79*, 357.
* Das, J. K., Salam, R. A., Lassi, Z. S., Khan, M. N., Mahmood, W., Patel, V., & Bhutta, Z. A. (2016). Interventions for adolescent mental health: an overview of systematic reviews. *Journal of Adolescent Health*, *59*(4), S49-S60. https://doi.org/10.1016/j.jadohealth.2016.06.020

- Diamond, E., Hart, S. R., Griffiths, A. J., & Brock, S. E. (2023). *Psychology in the Schools: Addressing the Learning, Behavior, and Mental Health Needs of Students*. Taylor & Francis.
- Do, M., McCleary, J., Nguyen, D., & Winfrey, K. (2020). Mental illness public stigma and generational differences among Vietnamese Americans. *Community Mental Health Journal*, *56*(5), 839-853. https://doi.org/10.1007/s10597-019-00545-y
- Evans, D. L., Foa, E. B., Gur, R. E., Hendin, H., O'Brien, C. P., Seligman, M. E., & Walsh, B. T. (2005). *Treating and preventing adolescent mental health disorders: What we know and what we don't know*. Oxford University Press.
- Ferrie, J., Miller, H., & Hunter, S. C. (2020). Psychosocial outcomes of mental illness stigma in children and adolescents: A mixed-methods systematic review. *Children & Youth Services Review*, *113*, 104961. https://doi.org/10.1016/j.childyouth.2020.104961
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC Psychiatry*, *10*, 1-9. https://doi.org/10.1186/1471-244X-10-113
- Havas, J., de Nooijer, J., Crutzen, R., & Feron, F. (2011). Adolescents' views about an internet platform for adolescents with mental health problems. *Health Education*, *111*(3), 164-176. https://doi.org/10.1108/09654281111123466
- Hawke, L. D., Parikh, S. V., & Michalak, E. E. (2013). Stigma and bipolar disorder: a review of the literature. *Journal of Affective Disorders*, *150*(2), 181-191. https://doi.org/10.1016/j.jad.2013.05.030
- Jorm, A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. *American Psychologist*, *67*(3), 231-243.
- Julien, H., & Barker, S. (2009). How high-school students find and evaluate scientific information: A basis for information literacy skills development. *Library & Information Science Research*, *31*(1), 12-17. https://doi.org/10.1016/j.lisr.2008.10.008
- Jung, H., von Sternberg, K., & Davis, K. (2017). The impact of mental health literacy, stigma, and social support on attitudes toward mental health help-seeking. *International Journal of Mental Health Promotion*, *19*(5), 252-267. https://doi.org/10.1080/14623730.2017.1345687
- King, T. (2023). *Perceived Barriers to Postsecondary Enrollment for Rural High School Students: A Qualitative Study From High School Counselors' Perspectives* Houston Baptist University].
- Lau, A. S., Guo, S., Tsai, W., Nguyen, D. J., Nguyen, H. T., Ngo, V., & Weiss, B. (2016). Adolescents' stigma attitudes toward internalizing and externalizing disorders: Cultural influences and implications for distress manifestations. *Clinical Psychological Science*, *4*(4), 704-717. https://doi.org/10.1177/2167702616646314
- Leong, F. T., Kim, H. H., & Gupta, A. (2011). Attitudes toward professional counseling among Asian-American college students: Acculturation, conceptions of mental illness, and loss of face. *Asian American Journal of Psychology*, *2*(2), 140-153. https://doi.org/10.1037/a0024172
- Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., . . . Patel, V. (2010). Poverty and common mental disorders in low and middle income countries: A systematic review. *Social Science & Medicine*, *71*(3), 517-528. https://doi.org/10.1016/j.socscimed.2010.04.027
- Macfarlane, B., & Tomlinson, M. (2017). Critiques of student engagement. *Higher Education Policy*, *30*, 5-21. https://doi.org/10.1057/s41307-016-0027-3
- Mack, K. (2022). *Increasing Adolescent Stress in High Schools: A Study of the Implicit and Explicit Messages in the Context of Renowned Mesosystems*. Widener University.
- Nguyen, P. T. H., Huynh, V. S., Thanh Duong, T. T., Linh Le, T. T., Ly, T. T., Nguyen-Thi, M. T., ... & Tran-Chi, V. L. (2023). Gratitude, parental support, professional help-seeking attitudes for mental health problems among adolescents. *International Journal of Adolescence and Youth*, 28(1), 797-810. https://doi.org/10.1080/02673843.2023.2287112
- Nuttall, R. (2019). *"It's the complete stigma behind it." Exploring how and why mental health stigma impacts on disclosure and help-seeking behaviours: A thematic analysis* University of Huddersfield].
- O'Connor, M., & Casey, L. (2015). The Mental Health Literacy Scale (MHLS): A new scale-based measure of mental health literacy. *Psychiatry Research*, *229*(1-2), 511-516. https://doi.org/10.1016/j.psychres.2015.05.064
- Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet*, *369*(9569), 1302-1313. https://doi.org/ 10.1016/S0140-6736(07)60368-7
- Qayyum, A. (2018). Student help-seeking attitudes and behaviors in a digital era. *International Journal of Educational Technology in Higher Education*, *15*(1), 1-16. https://doi.org/10.1186/s41239-018-0100-7
- Ratnayake, P., & Hyde, C. (2019). Mental health literacy, help-seeking behaviour and wellbeing in young people: implications for practice. *The Educational & Developmental Psychologist*, *36*(1), 16-21. https://doi.org/10.1017/edp.2019.1
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian E-journal for the Advancement of Mental Health*, *4*(3), 218-251. https://doi.org/10.5172/jamh.4.3.218

- Rickwood, D. J., Mazzer, K. R., & Telford, N. R. (2015). Social influences on seeking help from mental health services, in-person and online, during adolescence and young adulthood. *BMC Psychiatry*, *15*, 1-9. https://doi.org/10.1186/s12888-015-0429-6
- Seedaket, S., Turnbull, N., Phajan, T., & Wanchai, A. (2020). Improving mental health literacy in adolescents: systematic review of supporting intervention studies. *Tropical Medicine & International Health*, *25*(9), 1055-1064. https://doi.org/10.1111/tmi.13449
- Shechtman, Z., Vogel, D. L., Strass, H. A., & Heath, P. J. (2018). Stigma in help-seeking: the case of adolescents. *British Journal of Guidance & Counselling*, *46*(1), 104-119. https://doi.org/10.1080/03069885.2016.1255717
- Shtapura-Ifrah, M., & Benish-Weisman, M. (2019). Seeking the help of school counselors: Cross-cultural differences in mothers' knowledge, attitudes, and help-seeking behavior. *International Journal of Intercultural Relations*, *69*, 110-119. https://doi.org/10.1016/j.ijintrel.2019.01.004
- Smith, J. D., Cousins, J. B., & Stewart, R. (2005). Antibullying interventions in schools: Ingredients of effective programs. *Canadian Journal of Education/Revue canadienne de l'éducation*, 739-762. https://doi.org/10.2307/4126453
- Swire-Thompson, B., & Lazer, D. (2020). Public health and online misinformation: challenges and recommendations. *Annual Review Public Health*, *41*(1), 433-451. https://doi.org/10.1146/annurev-publhealth-040119-094127
- Thapar, A., Collishaw, S., Pine, D. S., & Thapar, A. K. (2012). Depression in adolescence. *The Lancet*, *379*(9820), 1056-1067. https://doi.org/10.1016/S0140-6736(11)60871-4
- Tran, T. D., Tran, T., & Fisher, J. (2013). Validation of the depression anxiety stress scales (DASS) 21 as a screening instrument for depression and anxiety in a rural community-based cohort of northern Vietnamese women. *BMC Psychiatry*, *13*, 1-7. https://doi.org/10.1186/1471-244X-13-24
- Watson, J. C. (2003). *The effects of athletic participation, expectations about counseling, and gender on attitudes toward help seeking behavior among college students*. The University of North Carolina at Greensboro.
- Wei, Y., Hayden, J. A., Kutcher, S., Zygmunt, A., & McGrath, P. (2013). The effectiveness of school mental health literacy programs to address knowledge, attitudes and help seeking among youth. *Early Intervention in Psychiatry*, *7*(2), 109-121. https://doi.org/10.1111/eip.12010
- Weiss, B., Dang, M., Trung, L., Nguyen, M. C., Thuy, N. T. H., & Pollack, A. (2014). A nationally representative epidemiological and risk factor assessment of child mental health in Vietnam. *International Perspectives in Psychology*, *3*(3), 139-153. https://doi.org/10.1037/ipp0000016
- Yu, B. C., Chio, F. H., Chan, K. K., Mak, W. W., Zhang, G., Vogel, D., & Lai, M. H. (2023). Associations between public and self-stigma of help-seeking with help-seeking attitudes and intention: A meta-analytic structural equation modeling approach. *Journal of Counseling Psychology*, *70*(1), 90-102. https://doi.org/10.1037/cou0000637