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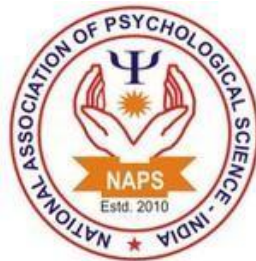
Dr. Roshan Lal

Professor of Psychology University of  
Delhi-110007

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## Self-concealment, Perceived Social Support and Mental Help-Seeking Behavior among Emerging and Middle-aged adults

Husna Hawwa J.\* Malini R\*\*

### Abstract

*Self-concealment and perceived social support are known influencers of psychological help-seeking and it is essential to examine how these variables interact across age groups. The study aimed to compare emerging and middle-aged adults on self-concealment, perceived social support, and mental help-seeking behavior and the mediating role of perceived social support in the relationship between the variables within each age group. The participants consisted of 205 individuals, viz., 102 emerging adults and 103 middle-aged adults. Participants completed three standardized scales which assessed Self-concealment, Perceived social support and Mental help-seeking behavior. Data analysis revealed that self-concealment showed a negative correlation with perceived social support in both groups. In middle-aged adults, it was negatively linked to help-seeking, with perceived social support significantly mediating this relationship—an effect not observed in emerging adults. Perceived social support emerged as a key mediating factor between self-concealment and help-seeking behavior in middle-aged adults but not in emerging adults. These findings emphasize the need of social support, especially for older people, and the significance of age-specific strategies when encouraging people to seek mental health treatment.*

**Keywords:** Self-concealment, perceived social support, mental help-seeking, mental health, help-seeking behavior

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**About the Authors:** \*Postgraduate student \*\* Associate Professor, Department of Psychology, Union Christian College, Aluva, Ernakulam, Kerala (Corresponding author)

### Introduction

Mental health is a growing concern in modern society, with increasing rates of anxiety, depression, and other psychological issues reported globally. According to the World Health Organization (WHO, 2023), approximately one in eight people worldwide lives with a mental health condition, with emerging and middle-aged adults being particularly vulnerable due to the unique developmental and social challenges they face. Despite the growing prevalence of mental health concerns, the tendency to seek professional help for these issues remains relatively low, especially in culturally conservative and collectivistic societies where mental health issues are often stigmatized (Rickwood et al., 2005). This discrepancy between the high prevalence of mental health issues and low rates of help-seeking behavior points to the need for a deeper understanding of the psychological and social factors that influence help-seeking behavior. In this context, self-concealment has been identified as one of the variables influencing seeking assistance. According to Larson and Chastain (1990), Self-

concealment is defined as predisposition to actively conceal from others personal information that one perceives as distressing or negative. Self-concealment comprises three aspects: tendency to keep secrets to oneself, not sharing personal, painful secrets or negative thoughts about oneself and worrying about the leakage of concealed personal information. It may have a lot of detrimental effects (Larson et al., 2015) and a negative correlation has been identified between life happiness and self-concealment (Celik, 2016). According to Cramer (1999), those who favor self-concealment experience greater psychological issues and have less social support systems than people who don't. Theoretically, self-concealment may function as a maladaptive control-and avoidance-focused emotion/behavior regulation strategy in some socio-cultural contexts (Masuda et al., 2011), even though it is regarded as an adaptive behavioral tendency in others (O'Neil et al. 1986; Wallace & Constantine, 2005).

In contrast, perceived social support the belief that one is cared for and has reliable emotional, informational, and instrumental

support from family, friends, and significant others has been consistently linked to better mental health outcomes. High levels of perceived social support have been shown to reduce stress, enhance emotional resilience, and increase the likelihood of seeking help for psychological issues (Cohen & Wills, 1985). Social support provides a psychological safety net, encouraging individuals to disclose their emotional struggles and seek help when needed. Importantly, perceived social support may also act as a protective factor, moderating the negative impact of self-concealment on help-seeking behavior. Help-seeking, which is defined as "finding or seeking assistance to improve the present situation" (Rickwood & Thomas, 2012) can happen informally among friends and family or formally with professional sources of help (such as physicians) (Rickwood et al., 2005). Numerous macro, micro, and socio demographic factors have been linked in the past to people's hesitancy to seek psychological assistance (Addis & Mahalik, 2003; Komiya et al., 2000; Pederson & Vogel, 2007; Tata and Leon 1994). When distress is high and attitudes toward counseling are positive, people are more likely to seek counseling (Cramer, 1999). People who hide information frequently have poor social support networks and unfavorable attitudes toward counseling (Cramer, 1999). As a result, in certain situations, personal and social factors may combine with certain socio demographic factors to encourage help-seeking. Although prior research has explored a range of sociodemographic factors associated with individuals' reluctance to seek psychological assistance, there remains a paucity of studies investigating whether such attitudes vary significantly across different age groups. For instance, emerging adulthood (ages 18–29) is a period of significant life transitions, including entering higher education, starting careers, and forming intimate relationships. The stage is characterized by identity exploration, increased autonomy and heightened sensitivity to peer evaluation which may influence tendencies towards self-concealment and informal help-seeking. These transitions often bring about increased stress and vulnerability to mental health issues and they are also more susceptible to peer pressure, social comparison, and concerns about

social acceptance, which can lead to higher levels of self-concealment. Middle adulthood (ages 40–60), on the other hand, presents its own set of challenges, including work-related stress, financial pressures, parenting responsibilities, and care for aging parents. Middle-aged adults may have more established social and professional networks; however, they are also more likely to experience role strain and burnout, which can lead to psychological distress. Within the Indian socio-cultural context, these developmental differences may intersect with age-based expectations, stigma and norms surrounding emotional expression, making a comparative examination of these two age groups particularly relevant.

The present study is based on Rickwood's model of mental help-seeking (Rickwood & Thomas, 2012), which posits that personal factors such as self-concealment may act as psychological barriers which could inhibit disclosure and help-seeking behavior. On the other hand, social factors such as social support may facilitate openness and reduce stigma, thereby promoting help-seeking. Although much of the existing literature has focused on adolescent and young adult populations, middle-aged adults remain an under-researched group in the context of help-seeking. Given that self-concealment can significantly inhibit individuals from accessing psychological support, it is crucial to explore the mechanisms through which this occurs. Investigating the mediating role of social support across different age groups is important because the nature, availability, and influence of social support often vary with life stage. By examining both age groups, researchers can better understand how developmental, social, and contextual factors shape the complex relationship between self-concealment and help-seeking behavior. This knowledge is essential for designing age-appropriate interventions that strengthen support systems and reduce barriers to mental health care across the lifespan. Hence, the present study aims to examine the relationship between self-concealment, perceived social support and mental help-seeking behavior. It also intends to investigate the mediating role of perceived social support between the variables across the two different age groups.

## Materials and methods

### Ethics approval

The study was approved by the Institutional Ethics Committee of the institution on 20/02/2025. (Approval No. Institution name/IEC/16/25).

### Research design

The present study employed a quantitative research design and the data was collected from primary sources including both emerging and middle-aged adults. Simple random sampling technique was used for the purpose of data collection.

### Participants

The participants in the study consisted of 102 emerging adults (52 males and 50 females) in the age range of 18 to 29 years and 103 middle-aged adults (51 males and 52 females) in the age range of 40 to 60 years (N=205).

### Inclusion criteria

- Individuals aged between 18 and 29 years (emerging adults) and 40-60 years (middle adults).
- Currently residing in the state of Kerala
- Ability to read and comprehend the language of the survey/interview (e.g., English or Malayalam).

### Exclusion criteria

- Individuals currently diagnosed with severe psychiatric disorders (e.g., schizophrenia, bipolar I disorder) requiring inpatient care or compromising informed consent.
- Individuals with major cognitive impairments (e.g., dementia) or neurological conditions that interfere with understanding and responding to survey items.

### Measures

1. **Personal data sheet:** The Personal data sheet developed by the researcher, consists of demographic details including age, gender, education qualification, socioeconomic status and family type (nuclear/joint) which were collected from the participants.
2. **Self-concealment scale (SCS):** The scale developed by Larson and Chastain (1990) was used to assess self-concealment. It is a 10-item scale and its items relate to: a) a self-reported propensity to keep things to oneself; b) having a personally upsetting secret or

self-defeating thoughts that have been shared with few or no other people; and c) being afraid of disclosing hidden personal information. "Strongly disagree (1)" to "strongly agree (5)" are the options on the five-point Likert scale that forms the basis of the test.

The internal consistency of Cronbach alpha is 0.83 and test-retest reliability revealed a strong correlation ( $r = 0.81$ ) ensuring sufficient reliability of the test.

3. **Multidimensional Scale of Perceived Social Support (MSPSS):** The scale developed by Zimet, et al, 1988 is a short instrument designed to assess an individual's perception of support from three sources: family, friends and a significant other. It uses a seven-point Likert-type scale to rate its 12 items, with scores ranging from "very strongly disagree" (1) to "very strongly agree" (7). The MSPSS has proven to be psychometrically sound in diverse samples and to have good internal reliability and test-retest reliability, and robust factorial validity.
4. **Mental Help Seeking Attitude Scale (MHSAS):** The scale developed by Hammer, Parent and Spiker (2018) was used to gauge a person's attitudes regarding getting professional assistance for mental health problems. While lower scores on the MHSAS suggest more negative or ambivalent attitudes, higher scores show more positive attitudes toward getting mental health help. Empirical research has validated the MHSAS, demonstrating its strong validity and reliability.

### Procedure

Participants were selected through simple random sampling. Those participants who gave written consent to take part in the study were made aware of the objectives of the study, ensured of confidentiality and their right to withdraw from the study at any point. The participants underwent assessments following preestablished inclusion and exclusion criteria. Data was then collected from them with detailed instructions for answering each assessment tool. Confidentiality of their data was assured and data was collected from each participant. The scales were scored according to the standard scoring procedure and data analysis was done using

JAMOVI (version 2.3.28) software. Preliminary analyses included checks for normality, following which Spearman’s rank-order correlation was used due to non-normal distribution of variables. Subsequently, mediation analysis was done using the Medmod module in Jamovi, with bootstrapping (5000 samples) applied to assess the significance of indirect effects.

**Results**

Table 1 provides information regarding the socio-demographic characteristics of participants. The sample consisted of 205 participants, with an

almost equal distribution of gender (50.2% males and 49.8% females). The majority of the participants were pursuing undergraduate education (67.8%), followed by those with postgraduate (18.5%) and school-level education (9.8%). The age groups were equally represented, with 49.8% in the emerging adulthood category (18–29 years) and 50.2% in the middle adulthood category (40–60 years). With respect to socioeconomic status (SES), most participants belonged to the middle-income group (71.7%), while 18.5% were from the lower and 9.8% from the upper SES groups.

**Table 1**  
*Socio-demographic characteristics of participants*

Variables	Description	% (N)
Gender	Male	50.24 (103)
	Female	49.76 (102)
Education	School level	9.76 (20)
	Undergraduate	67.8 (139)
	Postgraduate	18.5 (38)
Age	18-29	49.76 (102)
	40-60	50.24 (103)
SES	Lower	18.5 (38)
	Middle	71.7 (147)
	Upper	9.76 (20)

Table 2 presents the Spearman’s rank correlation coefficients analysis among self-concealment, perceived social support and mental help-seeking behavior in emerging adults. The Spearman’s correlation coefficient between self-concealment and perceived social support is -0.257, indicative of a significant but low negative

correlation. The correlation coefficient between perceived social support and mental help seeking behavior is 0.072 which indicates no significant correlation. Similarly, the correlation coefficient between self-concealment and mental help seeking behavior is -0.018 which also indicates no significant correlation.

**Table 2**  
*Results of Spearman’s correlation analysis of self-concealment, perceived social support and mental help seeking behavior in emerging adults*

Variable	M	SD	1	2	3
Self-concealment	29.1	8.52			
Perceived social support	63.4	13.5	-0.257**		
Mental help-seeking behavior	43.7	12.5	-0.018	0.072	

\*\*p<0.01

Table 3 presents the result of mediation analysis of with self-concealment as predictor variable, mental help seeking behaviors outcome variable and perceived social support as mediating variable in the case of emerging adults. The p value of indirect effect is 0.630 (p>0.05) indicating no significant effect. This implies that

self-concealment may not be related to mental help seeking behavior through perceived social support. For total effect, p value is 0.900 (p>0.05), indicating no significant effect. The p value of direct effect is 0.945 (p>0.05) which again indicates no significant effect. Only the path from self-concealment to perceived social

support was statistically significant ( $p < .05$ ). Though 73.7% of total effect is through the indirect path, neither the indirect nor the direct paths were found statistically significant,

suggesting no meaningful mediation effect in emerging adults. The results indicate that self-concealment has no direct relationship with mental help seeking behavior.

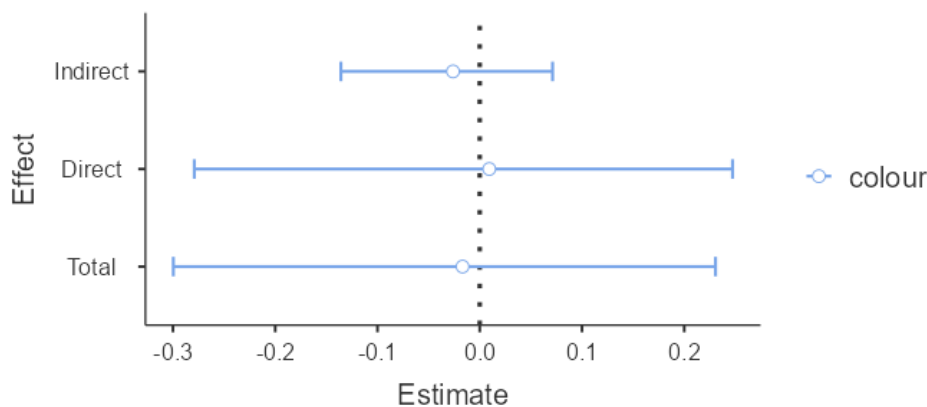
**Table 3**

*Mediation and path estimate of perceived social support on self-concealment and mental help seeking behavior in emerging adults*

Effect/Path	Estimate	SE	Z	p	% Mediation
<b>Mediation Effects</b>					
Indirect (SC → PSS → HS)	-0.02612	0.0502	-0.5203	0.603	73.7
Direct (SC → HS)	0.00933	0.1353	0.0690	0.945	26.3
Total Effect (SC → HS)	-0.01679	0.1337	-0.1256	0.900	100.0
<b>Individual Paths</b>					
SC → PSS	-0.44097	0.169	-2.6101	0.009	
PSS → HS	0.05924	0.108	0.5468	0.584	
SC → HS (direct path)	0.00933	0.135	0.0690	0.945	

**Note.** SC = Self-concealment; PSS = Perceived social support; HS = Mental health help-seeking. SE = standard error; Z = z-score; p values are two-tailed.

**Fig. 1** provides a graphical representation showing the direct, indirect and total effects from mediation analysis conducted among emerging adults.



**Fig. 1** Estimate plot direct, indirect and total effects among emerging adults

Table 4 indicates correlation among self-concealment, perceived social support, and mental help-seeking

behavior in middle-aged adults. Spearman’s correlation coefficient between self-concealment and perceived social support is -0.348, indicative of significant negative correlation. The correlation coefficient between perceived social support and mental health help

seeking behavior is 0.415 which indicates significant positive correlation. The correlation coefficient between self-concealment and mental health help seeking behavior is -0.355, which shows significant negative correlation.

**Table 4**

Result of correlation analysis of self-concealment, perceived social support and mental help seeking behavior in middle-aged adults.

Variable	M	SD	1	2	3
Self-concealment	24.1	7.97			
Perceived social support	65.3	13.4	-0.348***		
Mental help-seeking behavior	46.1	12.9	-0.355***	0.415***	

Note. \*\*\*p<0.001

Table 5 shows result of mediation analysis of perceived social support on self-concealment and mental health help seeking behavior in middle-aged adults. The p value of indirect effect is 0.029 (p<0.05) which indicates significant effect. This implies that self-concealment is significantly related to mental help seeking behavior through perceived social support. The p value of direct effect is 0.129

(p>0.05) which indicates no significant effect. This shows that self-concealment has no direct relationship with mental health help seeking behavior. For total effect, p value is 0.004 (p<0.05), indicating significant mediation effect. 44.6% of the total effect is explained by this indirect path. It is to be understood that nearly half of the total effect is mediated through perceived social support.

**Table 5**

Result of mediation analysis of perceived social support on self-concealment and mental help seeking behavior in middle-aged adults.

Effect/Path	Estimate	SE	Z	p	% Mediation
<b>Mediation Effects</b>					
Indirect (SC → PSS → HS)	-0.24	0.0932	-2.19	0.029	44.6
Direct (SC → HS)	-0.253	0.1668	-1.52	0.129	55.4
Total Effect (SC → HS)	-0.457	0.1579	-2.90	0.004	100.4
<b>Individual Paths</b>					
SC → PSS	-0.44097	0.169	-2.6101	0.009	
PSS → HS	0.05924	0.108	0.5468	0.584	
SC → HS (direct path)	0.00933	0.135	0.0690	0.945	

**Note.** SC = Self-concealment; PSS = Perceived social support; HS = Mental health help-seeking. SE = standard error; Z = z-score; p values are two-tailed. Indirect effect is significant (p< 0.05) along with total effect (p<0.01).

Fig. 2 provides a graphical representation showing the direct, indirect and total effects from mediation analysis conducted among middle aged adults.

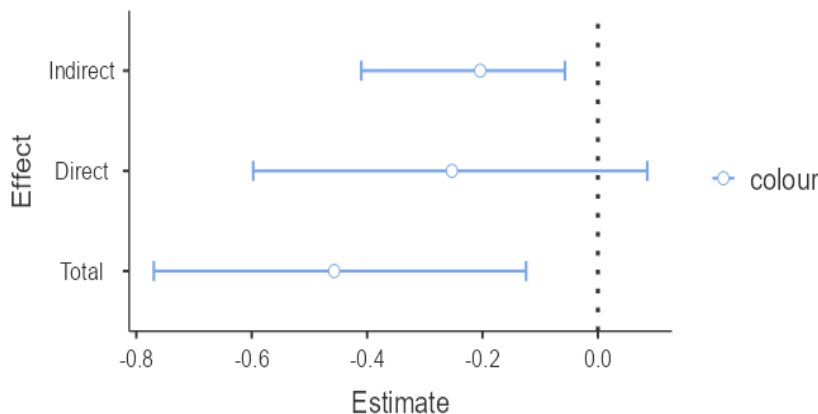


Fig. 2 Estimate plot direct, indirect and total effects among middle adults

## Discussion

The objective of the study was to find out whether there is any relationship between self-concealment, perceived social support and mental health help seeking behavior in emerging and middle-aged adults. Also, the study aimed to understand the mediating role of perceived social support in the relationship between self-concealment and mental health help seeking behavior. People are more willing to disclose themselves when they are in safe relationships because they feel emotionally protected (Mikulincer & Shaver, 2007). Self-concealment and perceived social support were found to be negatively correlated Larson & Chastain (1990). People were less likely to conceal personal information if they were supported by their friends and relatives.

In emerging adults, perceived social support may play a role in reducing self-concealment. However, neither self-concealment nor perceived social support appear to significantly influence mental help-seeking behavior. This suggests that other factors are more influential in determining the likelihood of seeking mental health support in this age group, while the roles of social support and self-concealment are relatively limited. Emerging adults, for instance, may rely more on peer networks and educational environments, while middle-aged adults may be influenced by familial roles, work responsibilities, and cultural expectations. In middle-aged adults, self-concealment is clearly linked to lower perceived social support and lower mental health help seeking behavior. According to research, people who engage in self-concealment behavior typically have unfavorable opinions about getting psychiatric assistance (Demir et al., 2020; Serim & Çankaya, 2015). Cepeda-Benito and Short (1998) found that people who hide their issues are three times less likely to seek treatment than others. To put it briefly, those who hide may feel negatively about using counseling and other professional services.

The absence of a mediation effect of perceived social support in the relationship between self-concealment and help-seeking behavior among emerging adults may be

understood through developmental and contextual perspectives. Emerging adults, in spite of reporting access to peer networks, are likely to perceive available social support as evaluative rather than facilitative, mostly in matters related to psychological distress. Additionally, they are likely to prioritize autonomy and self-reliance which could diminish the influence of perceived social support on formal help-seeking behaviors, thereby explaining the non-significant mediation effect observed in this group.

Within the collectivistic cultural context in India, help-seeking behavior is often influenced by family norms, concerns about social harmony and stigma related to mental health issues. Self-concealment may function as a culturally reinforced coping strategy aimed at preserving family reputation and avoiding burdening others. Perceived social support need not always result in encouragement for professional help-seeking, especially when distress is normalized. The present findings resonate with Indian studies which highlights the preference for informal support systems and the delayed utilization of mental health services, particularly among emerging adults.

It has been demonstrated that people who perceive significant social support are more likely to be open to getting psychological counseling in order to resolve issues and improve their general well-being (Türküm, 2005). People are less likely to feel the need to conceal parts of themselves out of fear of rejection or unfavorable judgement when they are encouraged and accepted. Social support lessens the incentive to hide by acting as a buffer against any unfavorable responses.

Self-concealment is linked to emotion regulation strategies like avoidance and suppression, used by both genders (Gross & John, 2003), suggesting it's a general coping style influenced more by personality, environment, and culture than gender. The Health Belief Model (Rosenstock, 1974) explains that improved mental health literacy reduces help-seeking barriers for all. Generational changes and digital platforms offer gender-neutral support. In middle adulthood, men and women face similar stressors and value meaningful relationships (Carstensen, 1992), leading to comparable levels of self-

concealment, perceived support, and help-seeking behavior Mackenzie et al. (2006).

### Limitations

While the findings of this study offer valuable insights into the relationships among self-concealment, perceived social support, and mental health help-seeking behavior, several limitations should be acknowledged. The study only included self-concealment and perceived social support as the factors which influence mental help seeking behavior. There could be several other factors that can contribute to help-seeking behavior. Using qualitative or mixed methods would have allowed deeper exploration into the barriers which prevent help-seeking behavior. The study relied solely on self-report questionnaires, which are subject to social desirability bias and may not reflect participants' true behaviors or feelings, particularly in sensitive areas such as mental health and self-concealment.

### Conclusion

The study could reveal that among emerging adults, self-concealment and perceived social support may not be strong predictors of mental help-seeking behavior. However, perceived social support was found to mediate the relationship between self-concealment and help-seeking behavior among middle-aged adults, underscoring the need for aged-appropriate interventions to promote mental help-seeking. The findings of the present study have important practical and clinical implications. Interventions aimed at enhancing help-seeking may benefit from addressing self-concealment tendencies, particularly in middle-aged adults, by fostering safe and non-judgmental support environments. In the case of emerging adults, mental health promotion efforts may need to focus on normalizing professional help-seeking and reducing perceived risks associated with self-disclosure. Professionals in the field of mental health may hence consider incorporating culturally sensitive strategies that acknowledge family dynamics and collectivistic values while promoting adaptive help-seeking behaviors.

### References

Addis, M. E., & Mahalik, J. R. (2003). Men,

masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5–14. <https://doi.org/10.1037/0003-066X.58.1.5>

Carstensen, L. L. (1992). Social and emotional patterns in adulthood: support for socioemotional selectivity theory. *Psychology and aging*, 7(3), 331. <https://doi.org/10.1093/geront/gnab116>

Çelik, E. (2016). Suppression effect of social awareness in the relationship between self-concealment and life satisfaction. *Cogent Social Sciences*, 2(1), 1223391. <https://doi.org/10.1080/23311886.2016.1223391>

Cepeda-Benito, A., & Short, P. (n.d.). *Self-Concealment, Avoidance of Psychological Services, and Perceived Likelihood of Seeking Professional Help*. <https://psycnet.apa.org/doi/10.1037/0022-0167.45.1.58>

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological bulletin*, 98(2), 310. <https://psycnet.apa.org/doi/10.1037/0033-2909.98.2.310>

Cramer, K. M. (1999). Psychological antecedents to help-seeking behavior: A reanalysis using path modeling structures. *Journal of Counseling Psychology*, 46(3), 381. <https://psycnet.apa.org/doi/10.1037/0022-0167.46.3.381>

Demir, R., Murat, M., & Bindak, R. (2020a). Self-Concealment and Emotional Intelligence as Predictors of Seeking Psychological Help among Undergraduate Students. *Asian Journal of Education and Training*, 6(3), 448–455. <https://doi.org/10.20448/journal.522.2020.63.448.455>

Edwards, A., & Mackenzie, L. (2005). Steps towards participation: The social support of learning trajectories. *International journal of lifelong education*, 24(4)287–302. <https://doi.org/10.1080/02601370500169178>

Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: implications for affect, relationships, and well-being. *Journal of*

- personality and social psychology*, 85(2), 348.  
<https://psycnet.apa.org/doi/10.1037/0022-3514.85.2.348>
- Hammer, J. H., Parent, M. C., & Spiker, D. A. (2018). Mental Help Seeking Attitudes Scale (MHSAS): Development, reliability, validity, and comparison with the ATSPPH-SF and IASMHS-PO. *Journal of counseling psychology*, 65(1), 74.  
<https://psycnet.apa.org/doi/10.1037/cou000248>
- Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of counselling psychology*, 47(1), 138.  
 DOI: 10.1037/AJ022-0167,47.1.138
- Larson, D. G., & Chastain, R. L. (1990). Self-Concealment: Conceptualization, Measurement, and Health Implications. *Journal of Social and Clinical Psychology*, 9(4), 439–455.  
<https://doi.org/10.1521/jscp.1990.9.4.439>
- Larson, D. G., Chastain, R. L., Hoyt, W. T., & Ayzenberg, R. (2015). Self-Concealment: Integrative Review and Working Model. *Journal of Social and Clinical Psychology*, 34(8), 705–e774.  
<https://doi.org/10.1521/jscp.2015.34.8.705>
- Masuda, A., Anderson, P. L., Wendell, J. W., Chou, Y. Y., Price, M., & Feinstein, A. B. (2011). Psychological flexibility mediates the relations between self-concealment and negative psychological outcomes. *Personality and Individual Differences*, 50(2), 243–247.  
<https://doi.org/10.1016/j.paid.2010.09.037>
- O'Neil et al., (1986). Gender-role conflict scale: College men's fear of femininity. *Sex Roles*, 14(5–6).  
<https://doi.org/10.1007/BF00287583>
- Pederson, E. L., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek counseling: Testing a mediation model on college-aged men. *Journal of Counselling Psychology*, 54(4), 373.  
 DOI: 10.1037/0022-0167.54.4.373
- 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. & Thomas. (2012). Conceptual measurement framework for help-seeking for mental health problems. *Psychology Research and Behavior Management*, 173.  
<https://doi.org/10.2147/PRBM.S38707>
- Rosenstock, I. M. (1974). Historical Origins of the Health Belief Model. *Health Education Monographs*, 2(4), 328–335.  
<https://doi.org/10.1177/109019817400200403>
- Serim, F., & Çankaya, Z. C. (2015). Yetişkinlerin psikolojik yardım arama tutumlarının yordanması. *Ege Eğitim Dergisi*, 16(1), 177–198.  
<https://doi.org/10.12984/eed.79026>
- Shaver, P. R., & Mikulincer, M. (2007). Adult attachment strategies and the regulation of emotion. *Handbook of emotion regulation*, 446, 465. DOI: 10.1037/0022-3514.79.5.816
- Sue, D. W. (1994). Asian-American mental health and help-seeking behavior: Comment on Solberg et al. (1994), Tata and Leong (1994), and Lin (1994).  
<https://psycnet.apa.org/doi/10.1037/0022-0167.41.3.292>
- Türküm, A. S. (2005). Who Seeks Help? Examining the Differences in Attitude of Turkish University Students toward Seeking Psychological Help by Gender, Gender Roles, and Help-Seeking Experiences. *The Journal of Men's Studies*, 13(3), 389–401.  
<https://doi.org/10.3149/jms.1303.389>
- Wallace, B. C., & Constantine, M. G. (2005). Africentric cultural values, psychological help-seeking attitudes, and self-concealment in African American college students. *Journal of Black Psychology*, 31(4), 369–385.  
<https://doi.org/10.1177/0095798405281025>

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived

social support. *Journal of personality assessment*, 52(1), 30-41  
[https://doi.org/10.1207/s15327752jpa5201\\_2](https://doi.org/10.1207/s15327752jpa5201_2)

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