

Research Article

# The Role of Self-Stigma in Individuals with Psychological Disorders on Help-Seeking Behavior for Professional Psychological Services among University Students in Bali

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**Abstract:** Mental health is a crucial component in supporting individual well-being, particularly for university students who are often faced with various stressors. Despite the increasing accessibility of mental health services, several barriers still prevent individuals from seeking help, one of which is self-stigma. Self-stigma is a process in which individuals internalize society's negative perceptions about mental health. This study aims to identify the role of self-stigma in influencing help-seeking behavior for professional psychological services among university students in Bali. A quantitative approach was employed, utilizing simple linear regression analysis. A total of 129 university students (female = 101; mean age = 18–25 years) from various higher education institutions in Bali participated in the study through purposive sampling. Data collection instruments consisted of two scales: the Self-Stigma Scale with a reliability coefficient of 0.934, and the Psychological Help-Seeking Behavior Scale with a reliability coefficient of 0.871. Data were analyzed using simple linear regression. The results showed an R Square value of 0.536, indicating that self-stigma contributes 53.6% to help-seeking behavior. The findings reveal that self-stigma negatively affects students' behavior in seeking psychological help. Although students are increasingly aware of the importance of professional mental health support, this awareness is not yet fully reflected in their actions. Therefore, continuous efforts are needed to reduce self-stigma through educational campaigns. Students are also expected to serve as agents of change in broader social contexts by promoting a positive culture of psychological help-seeking within society.

**Keywords:** Bal, Mental Health, Psychological Help-Seeking Behavior, Self-Stigma, University Students.

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## 1. INTRODUCTION

Mental health is a condition that enables an individual to develop all aspects of growth—physical, intellectual, and emotional—optimally and in harmony with others, allowing the person to interact effectively with the surrounding environment (Fakhriyani, 2019). The World Health Organization (WHO) defines mental health as a state of well-being in which individuals realize their own abilities, can cope with the normal stresses of life, work productively, and contribute to their community. Mental health is a fundamental component of an individual's life and deserves serious attention. According to WHO, depression and anxiety disorders are the most common types of mental disorders and have the highest prevalence rates. Depression is the leading cause of disability worldwide and significantly contributes to a country's economic burden. Moreover, depression is also a major risk factor for

suicide (Pratiwi, 2022). Severe mental disorders generally lead to a decline in an individual's functioning and may cause disability. Despite the crucial role of mental health, mental health problems are still prevalent across various social groups. These problems must be addressed appropriately to minimize their negative impact on individuals' quality of life and well-being (WHO, 2016).

The growing awareness of the importance of mental health has increased the demand for accessible and widespread mental health services. In the modern era, the availability of mental health services has improved, as evidenced by the increasing number of mental health professionals. In 2021, there were 3,333 clinical psychologists in Indonesia, and this number rose to 3,985 in 2025 (IPK Indonesia, 2025). This progress presents significant opportunities to strengthen both preventive and curative efforts in addressing mental health disorders in society. With better access, individuals can receive prompt and effective diagnoses, interventions, and support. Mental health services offer substantial benefits to communities, making it crucial to enhance efforts aimed at improving these services (Wijaya, 2019).

In Indonesian society, there is still a negative stigma associated with seeking professional help, often labeling individuals as "crazy." Furthermore, many Indonesians still associate psychological disorders with mystical elements such as spirit possession or other traditional beliefs. Individuals who are open about their mental health problems are often perceived as seeking attention and may even become subjects of ridicule (Wilopo, 2021).

Balinese culture, one of Indonesia's cultural heritages, is rich in tradition and religious rituals deeply integrated into the daily lives of its people. For the Balinese, who are predominantly Hindu, tradition is not only a symbol of identity but also a guide in social, spiritual, and cultural life (Handayani, 2024). However, behind this cultural wealth lies significant social pressure. People are expected to maintain harmony within the community, obey customs, and fulfill various traditional obligations. These demands can lead to psychological burdens, including social anxiety, due to fear of negative judgment if one fails to meet these rigid social and cultural expectations (Atikah & Savira, 2023; Soekanto, 2012).

This anxiety tends to increase during the transition to early adulthood, when individuals begin to assume new roles in society, such as starting a family or becoming financial providers (Muharram, Zahara, & Amalia, 2023; Putri, 2018). These role changes, combined with high social expectations, can exacerbate mental stress. Therefore, understanding the dynamics of social anxiety within the Balinese cultural context is essential, given the strong influence of culture on how individuals adjust and build social relationships.

The concept of *menyama braya*, which essentially means that all humans are siblings, serves as the foundation of social life in Balinese Hindu communities. This value is reflected in the Banjar system, which regulates the active participation of each community member in various social, religious, and customary activities. In practice, every individual is expected to fulfill certain roles and responsibilities. While this system strengthens communal bonds, for some—particularly those facing economic hardship or personal issues—these obligations can become a significant additional burden (Adnyana, 2025). Putra and Sutrisna (2020) explain that the banjar system in Bali is a deeply rooted traditional social structure, where each member has strict social and ritual responsibilities. On one hand, it fosters social solidarity; on the other, it may become a severe psychosocial burden, especially for those struggling with economic,

health, or relational challenges. The social pressures within the banjar system can lead to mental fatigue and even depression.

In the Balinese context, mental health issues are often considered taboo. According to Kumbara (2017), Balinese people tend to seek help from shamans (dukun) or traditional healers (balian) to understand the causes of illness and find remedies. Psychological disorders are often perceived as resulting from a lack of spiritual devotion, which is why individuals with mental health problems typically undergo spiritual cleansing at sacred water springs, known as melukat. Suela and Herdiyanto (2016) also discuss the concept of kerauhan, where a person's soul is believed to be possessed by another spirit. This belief contributes to confusion about whether someone is experiencing psychological disorders such as hallucinations or delusions, or spiritual disturbances. As a result, families are often reluctant to bring individuals with psychological issues to mental health professionals, believing instead that the cause is spiritual possession. According to Nusabali.com (2023), many in Bali believe that psychological disorders stem from black magic, karma, divine wrath (salahang bhatar), ancestral curses, or offenses against the gods. Consequently, medical treatment by professionals such as psychiatrists, clinical psychologists, or mental health nurses is often seen as merely complementary. This perception creates significant barriers for individuals experiencing depression or other psychological disorders in seeking professional help. Deeply rooted cultural stigma and social pressure are major contributors to the low awareness and access to mental health services (Adnyana, 2025). Stigma and discrimination against individuals with mental illness (IMI) are also significant barriers to help-seeking behaviors (Corrigan, 2017). The societal belief that psychological disorders are caused by niskala (supernatural) forces leads many Balinese to prefer traditional treatments over professional mental health services. Reducing public stigma toward individuals with mental illness is crucial to mitigate the adverse effects of such stigma.

To understand and facilitate psychological help-seeking behavior, many studies focus on the barriers to seeking help (Clement et al., 2015; Nam et al., 2013). One of the main barriers is the presence of negative attitudes toward mental health (Vidourek et al., 2014; Al-Darmaki, 2011). Society often attaches negative stigma to individuals with psychological disorders. Stigma is a major reason why people are reluctant to seek mental health assistance (Corrigan, 2004). It is linked to the fear of being judged negatively by others, where labeling and stereotyping can prevent individuals from accessing mental health services (Masuda, Anderson & Edmonds, 2012). This condition can lead to delays or even the complete avoidance of seeking help (Knaak, Mantler & Szeto, 2017).

An individual's belief that others will react negatively to their help-seeking can predict low intentions to seek psychological assistance (Barney, 2009). Vogel et al. (2009) found that the greater the perception of stigma among college students, the more negative their attitudes toward psychological help-seeking. Stigma is rooted in ignorance and fear, leading to discrimination and preventing individuals from accessing appropriate care. Studies in Southeast Asia show that around 80% of individuals with mental health problems delay treatment due to discrimination (Ito et al., 2012).

It is important to reduce characteristics, attitudes, and beliefs such as stigma so that students can be more open to seeking psychological help. The stigma prevalent in society often generates internal doubts that discourage individuals from accessing mental health services.

One of the main factors discouraging individuals from seeking professional help is the negative stigma surrounding such actions (Dino, 2004). People tend to internalize societal stigma, resulting in self-stigma (Vogel et al., 2007). Self-stigma manifests as the belief that seeking psychological help is socially unacceptable (Vogel et al., 2006). Consequently, individuals who have accessed psychological services often experience various negative emotions, such as anger, depression, fear, anxiety, isolation, guilt, shame, and emotional pain (Dino, 2004).

Self-stigma also decreases the likelihood that individuals will seek professional counseling, even when they are aware of the negative consequences of not doing so (Sibicky & Davidio, 1986). Kessler et al. (2001) found that one in four people who felt they needed help ultimately did not seek it because they were overly concerned about others' perceptions. Another study by Barney (2006) found that both self-stigma and perceived public stigma were negatively associated with attitudes toward help-seeking behavior. This finding shows that the higher the level of self-stigma perceived by an individual, the lower their likelihood of having a positive attitude toward seeking psychological help.

## 2. METHOD

This study employs two types of variables: the independent variable (self-stigma) and the dependent variable (help-seeking behavior for psychological issues). Self-stigma refers to the internalization of public stigma, in which individuals accept and believe in society's negative perceptions of mental health. This variable is measured using the Self-Stigma Scale, which is based on three dimensions: the cognitive aspect (self-stereotyping), the affective aspect (self-prejudice), and the behavioral aspect (self-discrimination).

Meanwhile, help-seeking behavior is defined as an individual's action in seeking support for mental health concerns. This variable is assessed using a scale developed based on Fischer and Turner's (1970) theory, which includes four key aspects: recognition of the need for help, tolerance of stigma, interpersonal openness, and confidence in professional psychological services.

The population of this study consists of active university students aged 18–25 years enrolled at higher education institutions in Bali. Participants were selected based on specific criteria, namely, voluntary participation and having experienced or expressed the need for psychological assistance. The sample size was determined using Slovin's formula, resulting in a minimum of 105 respondents. The sampling technique applied was purposive sampling, as the study required participants with characteristics relevant to the research objectives.

Data collection was carried out using a Likert scale to measure attitudes, opinions, and perceptions related to the studied variables. The instrument consisted of statements categorized as either favorable (supporting the aspects of the variable) or unfavorable (not supporting the aspects of the variable), with five response options: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree. High scores on favorable items indicate a high level of the variable, while high scores on unfavorable items indicate a low level of the variable.

## 3. RESULTS AND DISCUSSION

**Data Analysis and Research Results****Characteristics of Research Subjects****Table 1. Characteristics of Research Subjects**

	Category	Amount	Percentage
Gender	Woman	101	78.3%
	Man	28	21.7%
Age	18	10	7.75%
	19	7	5.43%
	20	20	15.50%
	21	53	41.09%
	22	32	24.81%
	23	5	3.88%
	24	2	1.55%
	25	0	0%
Domicile	Denpasar	75	58.1%
	Outside Denpasar	54	41.8%
College	Universitas Udayana	106	82.17%
	Universitas Pendidikan Ganesha	5	3.88%
	Universitas Dhyana Pura	2	1.55%
	Warmadewa University	3	2.33%
	Other	13	10.07%

Semester taken	1	5	3.97%
	2	14	11.11%
	3	2	1.59%
	4	5	3.97%
	5	2	1.59%
	6	27	21.43%
	7	28	22.22%
	8	40	31.75%
	9	1	0.79%
	10	1	0.79%
	12	1	0.79%
Educational level	Bachelor Degree (S1)	114	88.4%
	Professional Education	14	10.9%
	D3	1	0,8%
Have/Haven't Seen Professional Help?	Ever been	17	13.2%
	Never	112	86.8%

#### Description and Categorization of Research Data

Table 2. Research Data Statistical Description

Research Variables	N	Theoretical Mean	Empirical Mean	Theoretical Standard Deviation	Empirical Standard Deviation	Theoretical Distribution	Empirical Distribution	t (sig.)
Self-Stigma	129	80	59.25	16	12.673	32–128	33–89	- 18.598 (0.000)

Research Variables	N	Theoretical Mean	Empirical Mean	Theoretical Standard Deviation	Empirical Standard Deviation	Theoretical Distribution	Empirical Distribution	t (sig.)
Psychological Help-Seeking Behavior	129	77.5	94.17	15.5	11.746	31–124	64–118	16.119 (0.000)

#### a. Self Stigma

The results of the statistical description in table 2 show that there is a significant difference between the empirical mean and the theoretical mean in the self-stigma variable. The self-stigma variable has a theoretical mean of 80 and an empirical mean value of 59.25. The difference between the empirical mean and the theoretical mean in the self-stigma variable is 20.75 with a t value of -18.598 ( $p = 0.000$ ). This shows a significant difference between the empirical mean and the theoretical mean. The empirical mean value obtained is smaller than the theoretical mean value (empirical mean < theoretical mean) indicating that the majority of subjects have a low level of psychological disorder stigma. This shows that self-stigma by respondents is lower than theoretically estimated. So, it can be said that in general, respondents experience lower self-stigma compared to the population. The categorization of the level of the self-stigma variable is grouped into 5 categories, namely very low, low, medium, high, and very high which can be seen in Table 3 Description of the Categorization of the Level of Self-Stigma.

**Table 3. Description of Self-Stigma Level Categorization**

Guidelines	Mark	Category	Amount	Percentage
$X < M - 1.5SD$	$X \leq 56$	Very Low	58	45%
$M - 1.5SD < X < M - 0.5SD$	$56 < X \leq 72$	Low	52	40.3%
$M - 0.5SD < X < M + 0.5SD$	$72 < X \leq 88$	Currently	18	14%
$M + 0.5SD < X < M + 1.5SD$	$88 < X \leq 104$	Tall	1	0.8%
$M + 1.5SD < X$	$104 < X$	Very high	0	0%
<b>Total</b>			129	100%

Based on the categorization results in Table 3, there are variations in the level of self-stigma among the research subjects. A total of 58 subjects are included in the very low self-stigma category, namely 58 people (45%), 52 people (40.32%) are included in the low self-stigma level, 18 people (14%) are included in the moderate self-stigma level, 1 person (0.8%)

is included in the high self-stigma level, and no subjects are classified as having a high level of self-stigma.

**b. Psychological Help Seeking Behavior**

**Table 4. Description of Categorization of Levels of Psychological Help-Seeking Behavior**

Guidelines	Mark	Category	Amount	Percentage
$X < M - 1.5SD$	$X \leq 54.25$	Very Low	0	0%
$M - 1.5SD < X < M - 0.5SD$	$54.25 < X \leq 69.75$	Low	1	0.8%
$M - 0.5SD < X < M + 0.5SD$	$69.75 < X \leq 85.25$	Currently	33	25.6%
$M + 0.5SD < X < M + 1.5SD$	$85.25 < X \leq 100.75$	Tall	57	44.2%
$M + 1.5SD < X$	$100.75 < X$	Very high	38	29.5%
<b>Total</b>			129	100%

Based on the categorization results in Table 4, there are variations in the level of psychological help-seeking behavior among the research subjects. The majority of subjects have a high level of psychological help-seeking behavior, namely 57 people (44.2%), 38 people (29.5%) are included in the category of very high psychological help-seeking behavior, 33 people (25.6%) are included in the category of moderate psychological help-seeking behavior, 1 person (0.8%) is included in the category of low psychological help-seeking behavior, and no subjects are classified as having very low psychological help-seeking behavior.

**Research Assumption Test**

**a. Normality Test**

**Table 5. Data Normality Test Results**

Variables	N Value	Sig.	Conclusion
Unstandardized Residuals	129	0.200	Normally Distributed Data

**b. Linearity Test**

**Table 6. Linearity Test Results**

	Sum of Squares	df	Mean Square	F	Sig.
Linearity	9466,615	1	9466,615	129,633	0,000

Deviation from Linearity	2205,467	45	49,010	0.671	0.927
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Based on the results of the linearity test in Table 6, it shows that there is a linear relationship between the self-stigma variable and the psychological help-seeking behavior variable, which is indicated by a linearity significance value of 0.000 ( $p < 0.05$ ) and a deviation from linearity significance of 0.927 ( $p > 0.05$ ).

### Research Hypothesis

**Table 7. Simple Linear Regression Test Results**

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	9466,615	1	9466,615	146,731	0,000
Residual	8193,633	127	64,517		
Total	17660,248	128			

**Table 8. The Magnitude of the Contribution of Independent Variables to Dependent Variables**

R	R Square	Adjusted R Square	Std. Error of the Estimate
0.732	0.536	0.532	8,032

**Table 9. Simple Linear Regression Equation Results**

Variables	Unstandardized B	Coefficients Std. Error	Standardized Coefficients Beta	T	Sig.
Constant	134,376	3.394		39,597	.000
Self Stigma	-.679	.056	-.732	-12.113	.000

Based on the results in table 9 which show that the self-stigma variable has a standardized beta coefficient value of -0.732 and has a significance level of 0.000 ( $p < 0.05$ ), it can be concluded that self-stigma has a significant role in the behavior of seeking psychological help.

The simple linear regression line formula obtained from the results of the simple linear regression test in this study can be written in the following equation:

$$Y = 134.376 - 0,679X$$

### Information:

Y= Psychological Help Seeking Behavior

a= Constant

$b$ = Regression Coefficient

$X$ = Self Stigma

The regression line equation is described as follows:

- a. The coefficient of 134.376 shows that if there is no addition or increase in self-stigma, then the level of psychological help-seeking behavior is 134.376.
- c. The regression coefficient of  $X$  of -0.679 shows that each additional unit of value in the self-stigma variable will decrease the level of behavior in seeking psychological help by -0.679.

A summary of the results of the simple linear regression hypothesis test obtained in this study is presented in Table 10 Hypothesis Test Results.

**Table 10.Hypothesis Test Results**

No.	Hypothesis	Results
1.	Ha Self-stigma plays a role in psychological help-seeking behavior among students in Bali.	Accepted
2.	H0 Self-stigma does not play a role in psychological help-seeking behavior among students in Bali.	Rejected

## Discussion

This study aims to examine the role of self-stigma on psychological help-seeking behavior among college students in Bali. Based on the results of data analysis, various statistical tests have been conducted to ensure the validity of the data and to test the formulated hypotheses.

Based on the results of the research that has been conducted, it was found that self-stigma plays a role in the behavior of seeking psychological help in students in Bali. This shows that the hypothesis related to the role of self-stigma in the behavior of seeking psychological help in students in Bali can be accepted. This result was obtained from the results of the hypothesis test using a simple linear regression test, where the calculated  $F$  value was 146.731 with a significance level of 0.000 ( $p < 0.05$ ). Based on this value, it can be stated that Self-Stigma plays a role in the Behavior of Seeking Psychological Help.

Based on the results of the regression test that has been carried out, it is known that the correlation or relationship value ( $R$ ) is 0.732 and the coefficient of determination ( $R$  Square) is 0.536. This explains that self-stigma has a role contribution of 53.6% to the behavior of seeking psychological help, while the other 46.4% can be influenced by other factors. Other factors that can influence the behavior of seeking psychological help are awareness of mental health and available resources, peer support, and campaigns from universities (Pace, 2018).

Based on the categorization of research data, the majority of research subjects have a very low to low level of self-stigma, with a high level of behavior in seeking psychological help. In line with this, based on demographic data, as many as 58.1% of subjects live in Denpasar. This phenomenon may be influenced by the better accessibility of psychological services in Denpasar compared to other districts, where there are many psychology clinics and professionals who can provide the necessary support. According to the Membership Statistics

data of the Indonesian Clinical Psychologists Association for the Bali Region (2025), most clinical psychologists in Bali live in Denpasar, namely 65 out of a total of 103 members. In addition, Denpasar is also the main work location for 72 out of 103 registered clinical psychologists. This may be one of the factors influencing the low self-stigma and the high tendency to seek psychological help in respondents in this study. In addition, all respondents who had sought psychological help stated that the professional psychological help they received was from psychologists, psychiatrists, and counselors. This shows that respondents tend to trust psychologists, psychiatrists, and counselors in obtaining professional psychological help.

In this study, it can be concluded that students in Bali have relatively good awareness and intention in accessing psychological services when needed. The low self-stigma found can be an indication of a change in mindset among students regarding psychological disorders and seeking psychological help. The subjects in this study were aged between 18 and 25 years who were included in Gen Z. According to Arum (2023), Generation Z includes individuals born between 1997 and 2012, so they are currently in the age range of 13 to 28 years. This finding is in line with research conducted by Britt (2008) which explains that stigma related to seeking mental health treatment is negatively related to the likelihood of seeking psychological help in undergraduate students aged 18–22 years.

The awareness possessed by individuals has been shown to influence the intention to seek professional psychological help, especially among Generation Z. This is shown through the findings of Kartikasari and Ariana (2019) which revealed a positive and significant relationship between mental health literacy and the intention to seek help. Mental health literacy acts as a factor that encourages someone to understand the impact of psychological disorders and increases awareness of the importance of proper treatment. Individuals with high levels of mental health literacy tend to be more sensitive to symptoms of psychological disorders, have a greater desire to access professional services, and show concern for others who experience similar conditions (Oetomo, 2024).

Ibunda.id (2022) also stated that the various challenges faced make Generation Z more able to accept themselves, be aware of their psychological condition, and understand the importance of mental health. This generation is known to be more open, enthusiastic about learning, and actively trying to manage the root of the problems they face. Not only that, Gen Z also plays a role in campaigning for the importance of awareness of mental health and encouraging the reduction of negative stigma that still sticks in society. With this open attitude, Gen Z does not hesitate to discuss mental health issues publicly and more and more are choosing to consult with professionals to get the right treatment (Kompasiana, 2024).

The low number of respondents who have sought professional help, despite having a relatively low level of self-stigma, may be influenced by various factors. The results of a survey conducted by Jakpat (2023) showed that although many individuals feel disturbed by their psychological condition, only a small proportion seek professional help. Of the total respondents, only 24.4% had consulted a professional such as a psychologist or psychiatrist. Meanwhile, the majority of respondents, namely 75.6%, had never accessed professional services. Of the 677 respondents who did not seek professional help, the main reason given was that the consultation fee was considered too expensive (68.4%). In addition, 32.5% of respondents admitted that they did not know how to access professional services. Social

factors are also an obstacle, where 27.9% of respondents were worried about stigma and negative judgment from their surroundings. The fear of knowing the cause of psychological disorders was also felt by 27% of respondents. Meanwhile, another 20.7% stated that they were afraid of being labeled as someone with a mental disorder.

In seeking professional help, there are various obstacles that make someone give up their intention to access mental health services. One of them is the existence of negative stigma. The negative stigma of society towards psychological disorders is generally caused by the limited understanding of society regarding the causes of psychological disorders and the values of cultural traditions that are still attached causing psychological disorders to be associated with the beliefs held by the local community (Kirmayer, et al., 2003). This is in line with research conducted by Syaharia (2009) which explains that strong traditional and cultural values related to beliefs about psychological disorders cause some people to be unwilling to be open to more scientific explanations.

In the context of Balinese culture that is thick with traditional values and spirituality, students as part of society are inseparable from the influence of cultural norms in understanding psychological disorders. Balinese culture that upholds the values of harmony and balance in life often places psychological disorders as something that is not only medical but also spiritual. This causes some individuals to prefer to seek solutions through traditional ceremonies or consult with *balian*, rather than professionals such as psychologists or psychiatrists. However, students who have received higher education are at a crossroads between traditional cultural values and modern information. Access to literature, digital media, and a relatively more open campus environment makes students tend to be more adaptive and critical in responding to mental health issues. In this study, the low level of self-stigma found in the majority of student respondents indicates a shift in perspective, where traditional cultural values are no longer the only reference in responding to psychological disorders, but are complemented by a scientific and rational approach.

The negative stigma that develops in society towards individuals with psychological disorders can cause individuals to internalize these negative assessments, which then develop into self-stigma. Self-stigma tends to inhibit individuals in making decisions to seek professional help. Research conducted by Oetomo (2024) revealed that self-stigma has a more significant influence on low intentions to seek help compared to public stigma. Individuals who experience self-stigma tend to reduce their intentions to seek psychological help (Vogel, 2007). This finding confirms that individuals with high self-stigma tend to be more reluctant to access mental health services. The results of this study are in line with the findings of Schnyder, et al. (2017), which showed that in the general population, self-stigma towards psychological disorders and mental health services is directly related to low tendencies to seek help. Self-stigma has been shown to have a significant correlation with low help-seeking.

The higher the self-stigma experienced by a person, the lower the tendency to seek psychological help. Conversely, the low self-stigma found in this study is a factor that encourages students to be more open in seeking professional help when experiencing psychological problems. This is in line with research conducted by Sabilla (2024) that self-stigma significantly influences decisions in seeking help. Self-stigma can be a significant barrier to seeking help, leading to social isolation and reduced utilization of available support resources.

Based on the theory presented by Corrigan and Shapiro (2010), self-stigma can occur due to stereotypes, prejudice, and discrimination. According to research conducted by Taufik (2021), there is a relationship between stereotypes and prejudice and the emergence of stigma among students towards individuals with psychological disorders. The stronger the stereotypes and prejudices, the higher the level of stigma that arises among students towards individuals with psychological disorders. Fear of discrimination and rejection is also a contributing factor to the emergence of stigma. Individuals with psychological disorders often experience discriminatory treatment because they are considered different. This stigma can be manifested in the form of exclusion, rejection, or minimal support from the surrounding environment. These conditions create an unsupportive environment, so that individuals with psychological disorders feel alienated and difficult to accept in society. Adventinawati (2025) states that mental health stigma contributes to discrimination in various aspects of life, including in the workplace and in social interactions. As a result, individuals with psychological disorders often experience unfair treatment, such as losing their jobs or being suspected by those around them.

The stigma attached to psychological disorders often causes shame and fear in individuals who need help. This fear is exacerbated by the perception of society which tends to view psychological disorders as a sign of weakness. As a result, stigma not only hinders access to health services but also causes individuals to be isolated from their social environment. Exclusion from social interactions and community activities can have a negative impact on psychological well-being, trigger feelings of helplessness, and lower self-esteem. Research conducted by Kusumawati (2025) revealed that feelings of shame and low self-esteem can have a negative impact on a person's cognitive and emotional functioning. This condition contributes to increased levels of anxiety and worsening overall mood. As a result, individuals are not only trapped in negative emotions but also have difficulty accessing help or seeking the support they need.

According to Fischer & Turner (1970), there are several factors that influence a person's decision to seek professional psychological help, namely recognition of the need for professional psychological help, tolerance of stigma, interpersonal openness, and trust in mental health professionals.

Individuals who seek professional psychological help are aware of the existence of psychological problems in themselves that interfere with their well-being in their daily lives. This is in line with research conducted by Syafitri (2021), that awareness of the existence of a problem is the first step in determining whether someone will decide to seek psychological help or not. However, according to research conducted by Putri (2023), there are still many individuals who do not realize how important it is to overcome their psychological disorders because of the lack of awareness to seek help from professionals such as psychologists or psychiatrists. In addition, research conducted by Kessler (2011) found that there are many cases where individuals actually need help from other parties, but in the end do not seek help because they care too much about what other people think. Awareness of mental health needs to be built early on to reduce the impact of the increasing prevalence of psychological disorders in the world (Kartikasari, 2020). Efforts are needed to increase individual awareness of the need for treatment. By realizing that there is a psychological disorder in themselves, a person can immediately seek professional help so that the problem can be resolved immediately.

The increasing negative stigma that is developing in society towards individuals with psychological disorders needs to be balanced with individual tolerance towards the existing stigma. According to Widiyanto (2021), the higher a person's knowledge about psychological disorders, the higher their level of tolerance towards the stigma of individuals with these disorders. Students who have a higher level of education tend to be better able to tolerate stigma. This is because they understand better that the most important thing is the process of recovering from psychological disorders, not the negative views from society. With a better understanding, students focus more on accessing the help they need rather than being influenced by the existing stigma.

Individual decisions to seek professional psychological help tend to be influenced by support from those around them. Support from those closest to them can be given if the individual is willing to be open about the psychological disorders they are experiencing. Support from family or friends not only provides a sense of comfort, but can also be a bridge for individuals to seek professional help. Especially for students who tend to share problems with peers or family first before finally getting a referral to a professional. This finding is in line with Rickwood (2005), who stated that students more often seek support from informal sources, such as peers. This happens because students feel more comfortable sharing with peers, considering that they spend a lot of time in the college environment. Research conducted by Ewa (2013) also revealed that one of the reasons individuals do not seek professional help is because they prefer to rely on support from those closest to them, such as parents, family, and friends. Social support from the surrounding environment is often considered more comfortable and easily accessible than professional services.

The results of this study indicate that only 13.2% of respondents have sought psychological help. This can be caused by various factors, one of which is trust in professionals. Fischer & Turner (1970) emphasized that trust in professionals plays an important role in determining an individual's intention to seek help. However, self-stigma attached to an individual can weaken this trust. In line with the findings of Nafiroh (2023), stigma has been shown to influence trust in mental health services. Stigma not only affects the relationship between service users and professionals but can also cause feelings of distrust. Individuals with high levels of stigma tend to have lower trust in professionals and are reluctant to seek help.

The results of the descriptive test of the self-stigma variable showed that the majority of subjects in this study had a low level of self-stigma towards psychological disorders. Low self-stigma indicates that the subjects have a more open understanding of mental health and are not affected by the negative stigma that exists in society. With low self-stigma, individuals are better able to accept their psychological conditions without shame or fear of social judgment. Individuals can prioritize their mental health by seeking professional psychological help rather than worrying about the negative stigma that exists. Low individual self-stigma can be associated with high individual awareness and knowledge of mental health.

The results of the descriptive test of the psychological help-seeking behavior variable showed that the majority of subjects had a high level of psychological help-seeking behavior. This indicates that the majority of subjects have a good awareness of the importance of mental health and are willing to take proactive steps by seeking professional help when facing psychological disorders. This high level of behavior reflects a more adaptive attitude in

managing mental health problems, regardless of the social stigma that may still exist in the surrounding environment.

Several studies have shown that one of the most significant impacts of stigma is limited individual access to mental health services. Many people with psychological disorders are reluctant to seek professional help because they are worried about social stigma, including the fear of being labeled "weak" by those around them. This concern is exacerbated by the negative representation of psychological disorders in the media and the lack of public education about the importance of mental health. As a result, many individuals choose to delay or even avoid seeking professional help until their condition worsens (Muhammad & Achadi, 2024). Rizqi (2021) also stated that if individuals do not immediately seek help to improve their mental health, the problem can become more serious. Therefore, it is important for educational institutions to design interventions that can directly reduce stigma, both at the individual and campus community levels. Ferianti (2024) emphasized the importance of interventions to reduce this negative stigma through public education, increasing social support, and patient empowerment programs to help them overcome negative feelings and improve their quality of life.

This study has several limitations that need to be considered and can be considered for further research. One limitation faced is in the validity test, where this study sets a minimum threshold of Aiken's V validity score  $> 0.69$  to reduce the number of dropped items. In addition, limitations were also found in the discrimination test, where there were items with negative reliability values. In the item discrimination power test, item elimination does not fully refer to statistical criteria such as item-total correlation coefficient  $< 0.30$ , but is also influenced by considerations to maintain the representation of indicators in the blueprint. This study only eliminated items with negative item-total correlation coefficient values. This is a limitation because all items used in the measurement instrument should have good discrimination power ( $r > 0.30$ ) to ensure that each item is able to distinguish individuals based on the level of attributes measured (Nunnally & Bernstein, 1994). Another limitation in this study is related to the data collection process. Data collection was carried out to coincide with the semester change period, so the survey was carried out online using Google Forms. This method causes limitations for researchers in controlling and ensuring the level of respondents' sincerity in filling out the questionnaire. These limitations are expected to be a concern for further research, so that improvements can be made in research design and data collection methods.

#### 4. CONCLUSION

Based on the research and analysis conducted on the Role of Self-Stigma and Help-Seeking Behavior among university students in Bali, the following conclusions can be drawn:

1. Self-stigma contributes to help-seeking behavior among university students in Bali by 53.6%.
2. The higher the level of self-stigma experienced by an individual, the lower their tendency to seek psychological help.
3. The majority of participants in this study exhibited a low level of self-stigma.

4. The majority of participants in this study demonstrated a high level of help-seeking behavior.

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