



Research Article

Stigma, Face Concerns, and Professional Help-Seeking Intentions Among Chinese Medical University Students: A Structural Equation Modeling Approach

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Abstract: The need for seeking help in mental health among Chinese medical college students is still far from what was expected; however, culture has not yet been brought into the existing theories. Using structural equation model (SEM) for data analysis on the relationship among self-stigma, face-related anxiety, mental health literacy, confidence in counseling, counselor reliability, and motivation for seeking professional assistance among 423 Chinese medical students. The results showed that facial-related anxiety was an important cause of fear to seek help, after controlling for self-stigma. With a decline in self-stigma, the people's understanding of their own psychology also diminished accordingly; this strengthened drive for help-seeking (accounting for 43.5 per cent). The self-stigma pathway was moderated through face-related concerns in multiple groups separately. Inhibitory effects of face-related anxieties on the relationship among self-stigma, fear of negative evaluation and seeking help were stronger in the high-face-concerns group than in the low-face-concerns group. Perceived counselor trustworthiness showed as an independent predictive factor for the motives of seeking support ($\beta = 0.22$; $p < 0.001$).



Keywords: self-stigma; face concerns; help-seeking intentions; Chinese medical students; structural equation modeling

1. Introduction

1.1. Research Background

Mental health problems among Chinese college students are becoming more severe and urgent research themes currently. According to a meta-analysis of 113 studies that involved over 185,000 people in China's colleges and universities, the overall prevalence rate for depressive symptoms among college students was up to 28.4%, significantly affected by gender, education level and major (Gao et al., 2020). Medicine students belong to a special category of students with particularly high risks of mental health problems due to intense academic pressure and clinical stress in recent years (Wang et al., 2023). The empirical utilization is clearly much lower than its scale of these problems. Despite widespread occurrence among depressed people and those with trauma-related psychological problems, a large-scale survey involving 361,969 university students from eighteen institutions in Guangdong Province during the COVID-19 pandemic showed only 0.64 per cent had sought psychological assistance (Liang et al., 2020).

1.2. Problem Statement

Stigma is considered an obstruction to seeking help; However, whether or not such barriers exist differs among collectivist and western countries that have been studied. Qualitative research in Chinese college environments suggests that students are unwilling to seek help from psychological support due to functional duplication with counseling centers and administration; A fu-dao-yuan manages ideological education, academic guidance and mental health at the same time (Ning et al., 2022). In this organizational Framework, Privacy issues may also add to the avoidance caused by Stigma Motivated. From the perspective of individuals, research indicates that face anxiety is a specific factor predicting self-stigma and help-seeking intention in Chinese undergraduate students through a process by which the fear of image



damage might deter them from using formal support systems (Ma et al., 2022). In addition, according to intercultural studies, although culture may be one reason for higher stigmatization among some people from China relative to their counterparts from Western countries; it is not the whole story (Chen et al., 2021).

1.3. Research Objectives

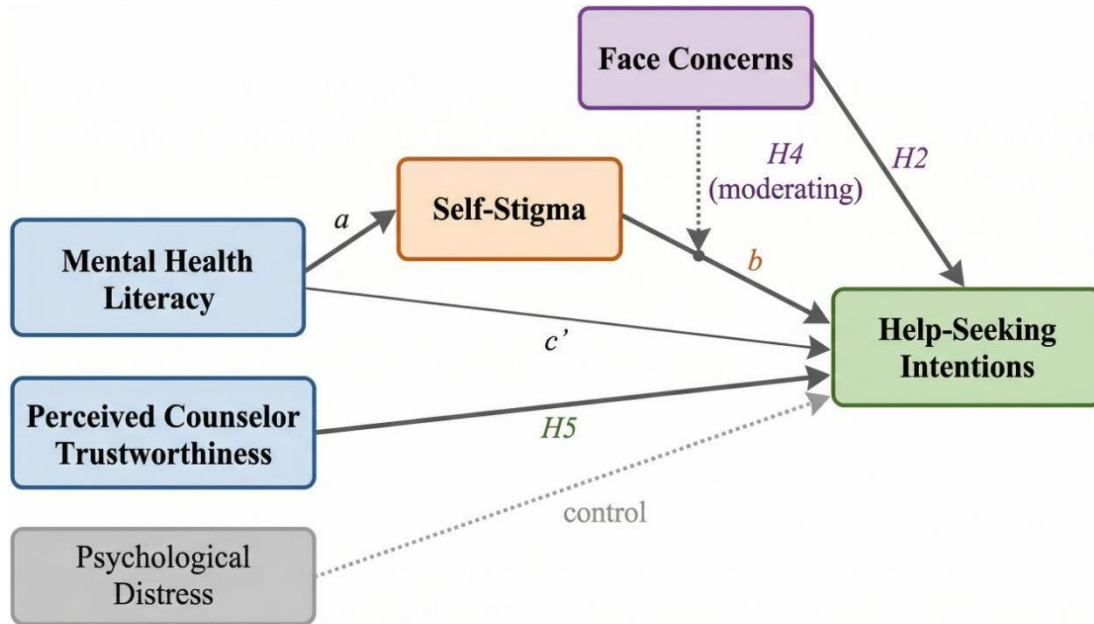
To gain a better understanding of the interrelationships among self-stigma, face concern, mental health literacy, counselor's trustworthiness, and professional help-seeking intention in a group of medical university students to build and assess the structural equation model.

1.4. Research Hypotheses

Moreover, research indicates that psychological knowledge can lower social disapproval in relation to helping seek care for one's mental state (Yang et al., 2024), thus eliminating the indirect effect on this link by means such as enhancing self-esteem. Five concrete systems are proposed. H1: The desire for aid is substantially influenced negatively by self-stigma. H2: Intention to seek support is negatively correlated with face-related anxiety. H3: Through self-stigma, mental health literacy influences treatment-seeking intentions indirectly. H4: There exists a relationship among self-stigma and assistance-seeking behavior as mediated through face-related worry; Specifically, suppression will have an increased effect on those who are more concerned about faces. H5: Support-seeking goals are more strongly positively influenced by perceived counselor reliability. As shown in **Figure 1**, the proposed structural scheme.

Figure 1

Conceptual Framework and Hypothesized Relationships



[Indirect effect (H3): Mental Health Literacy → Self-Stigma → Help-Seeking Intentions]

2. Methods

2.1. Research Design

Cross-sectionally collected data via a multi-method approach. Using structural equation modelling to explore the direct, mediated and moderated relationships among all of the underlying latent variables in our conceptual structure.

2.2. Participants and Sampling

Recruit all full-time undergraduate and graduate students from three Chinese medical schools to obtain data through stratified convenience sampling. The total sample size is 450; according to the recommended amount for parameters in structural equation modelling with five underlying constructs, it meets this requirement. The exclusion of people receiving contemporary psychiatric treatment aimed to eliminate potential bias in the assessment of help-seeking motivation.

2.3. Instruments



Quantify self-stigma using the Chinese revised Self-Stigma of Seeking help Inventory with ten items assessed on a five-point Likert Scale. Determine how much of a harm in terms of one's own dignity someone believes infringing upon if seeking psychological assistance; Therefore, create the following questionnaires. Construct Validity for this Scale among Chinese Speakers has Been Established (Vogel et al. 2024). Perceived threats to social face were measured by a sub-item of reliable Chinese face assessment tools that aimed to quantify anticipated reductions in status due to disclosing mental health problems and seeking expert assistance. The scale of mental health literacy aims to evaluate a person's ability, through recognition and intervention for minor psychological disorders that commonly occur in society today. Counselor trustworthiness is assessed through measures of students' belief in therapeutic confidentiality assurance and professional qualifications in an institution. Quantification of professional help-seeking motives involved measuring the behavioral predispositions towards acquiring formal psychological counselling services through a specific instrument. Based on the Patient Health Questionnaire-9 to determine the level of psychological stress in patients; additionally, symptoms were evaluated using this tool.

2.4. Data Collection

The information collected by combining electronic and paper-based surveys at the end of the 2024-2025 school year. No individuals' identities were disclosed. Two focuses were introduced in the form; if someone's finishing time was less than one minute 20 seconds, it was considered possibly unqualified data.

2.5. Data Analysis

To investigate the distribution characteristics of each variable through description via descriptive Statistics and bivariate correlation analysis in SPSS26.0. Conformity factor analysis was used to examine the models' fit indices, standardized factors loadings, composite reliability scores, and average variances explained in each construct. A structured Framework using Mplus Version 8.3 to assess the path coefficients of Hypotheses One through Five in this study. Additionally, using the bias-corrected bootstrapping method with 5,000 repetitions to test for the mediating



effect. If the 95% confidence interval did not include zero, it would be considered significant inductively. Face concern moderated the relationship between facial appearance and liking via multi-group structural equation modelling. Several indexes were used to evaluate the model fit, such as χ^2/DF , RMSEA, CFI, TLI and SRMR.

3. Results

3.1. Descriptive Statistics

After excluding defective or incomplete questionnaires as well as those whose attention was not confirmed in the experiment, a total of 423 valid and complete questionnaires remained. The actual final usable Response Rate is 94.0 per cent. Participants included 258 female students (61.0%) and 165 male students, totaling 347 undergraduate students (82.0%) and 76 graduate students (18.0%). Table 1 presents the descriptions and initial correlation analyses.

Table 1

Summary statistics and inter-variable correlation table (N = 423)

Variable	M	SD	α	1	2	3	4	5	6
1. Self-stigma	2.81	0.72	0.86	—					
2. Face concerns	3.14	0.79	0.83	0.41**	—				
3. Mental health literacy	3.27	0.68	0.81	-0.33**	-0.19**	—			
4. Counselor trustworthiness	2.93	0.81	0.85	-0.28**	-0.22**	0.31**	—		
5. Help-seeking intentions	2.74	0.77	0.88	-0.39**	-0.29**	0.30**	0.35**	—	
6. Psychological distress	7.62	4.38	0.87	0.24**	0.16**	-0.12*	-0.09	-0.18**	—

Note. * $p < 0.05$; ** $p < 0.01$. Assessed by the nine-item version of PHQ-9 (0 to 27) and five-point Likert scales.

As can be seen from **Table 1**, the negative correlation coefficient of self-stigma and face fear for help-seeking intention is 0.39; The negative correlation coefficients of mental health knowledge and counselor belief are 0.29.

3.2. Measurement Model

The results of the confirmatory factor analysis for each construct in terms of its measurement model met the acceptable range. These statistics included $\chi^2/df = 1.87$, RMSEA = 0.046, CFI = 0.94, TLI = 0.93, and SRMR = 0.042. Standardised factor loading range was between 0.61 and 0.85, all above 0.50. The composite reliability of all items was between 0.81 and 0.89.

3.3. Structural Model and Hypothesis Testing

After adding the psychological distress variable to check if there was still a good fit with the model; chi-square/df=1.93, RMSEA=0.047, CFI=0.93, TLI=0.92, SRM-R=0.048 showed that the proposed framework met these requirements of fit well. **Table 2** shows the Path Coefficients.

Table 2

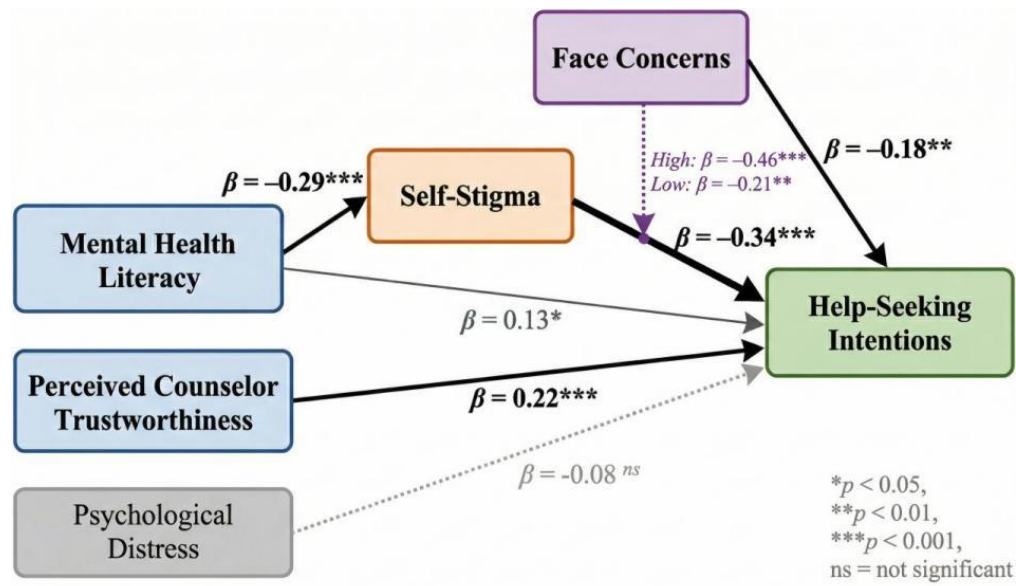
Structural model path coefficients and hypothesis testing results

Hypothesis Path	β	SE	p	Result
H1 Self-stigma → Help-seeking intentions	-0.34	0.06	< 0.001	Supported
H2 Face concerns → Help-seeking intentions	-0.18	0.05	0.003	Supported
H3 MHL → Self-stigma (a path)	-0.29	0.06	< 0.001	See §3.4
H5 Counselor trustworthiness → Help-seeking intentions	0.22	0.05	< 0.001	Supported
Control Psychological distress → Help-seeking intentions	-0.08	0.04	0.072	Not significant

As shown in **Table 2**, the most robust direct effect of self-stigma on help-seeking motivation is as follows ($\beta = -0.34$; $p < 0.001$); This supports Hypothesis One. Face-related anxieties also showed a significant negative impact ($\beta = -0.18$, $p < 0.05$); this supports H2. Perceived therapist reliability also showed a significant positive effect on help-seeking behavior ($\beta = 0.22$; $p < 0.001$) to verify hypothesis five. As shown in **Figure 2**, the diagram of the standardized weight-based concept framework.

Figure 2

Standardized path coefficients in structural equation models



$\chi^2/df = 1.93$, RMSEA = 0.047, CFI = 0.93, TLI = 0.92 [Indirect effect: $\beta = 0.10$, 95% CI [0.05, 0.17]]

3.4. Mediation Analysis

To investigate the mediated effect of psychological literacy on assistance-seeking motivation through self-stigma via bias-corrected bootstrapping with 5,000 repetitions. As shown in **Table 3** below.

Table 3

Standardized path coefficients in structural equation models

Effect Path	Estimate	SE	95% Lower	CI 95% Upper	CI
Direct: MHL → Help-seeking intentions	0.13	0.05	0.03	0.23	
Indirect: MHL → Self-stigma → Help-seeking intentions	0.10	0.03	0.05	0.17	
Total effect	0.23	0.06	0.12	0.34	

3.5. Moderation Analysis



To examine whether face-related concerns buffered the relationship between self-stigma and help-seeking behavior; thus, categorizing subjects into two groups: one group with more than the median amount of face-related concern and another without this issue. The non-restricted model had an acceptable fit to the data set ($\chi^2/df = 1.79$; CFI = 0.92; RMSEA = 0.044). Chi square difference tests of the restriction and non-restriction models showed that they were not equal; i.e., $\Delta\chi^2 = 6.83$, $\Delta df=1$, $P<0.05$. In the high-face-concern group, the beta value for the self-stigma pathway was -0.46 ($p<0.001$), while it was -0.21 in the Low-Face-Concern Group; both p-values were less than 0.05. This clearly more significant suppressive effect on students with increased face concerns supports that face concerns increase the harm to help-seeking motivation, thus confirming hypothesis H4.

4. Discussion

4.1. Self-Stigma as Core Mechanism

In addition to this, it was determined by the theory-based analysis that self-stigma had the greatest inverse impact on students' tendency to seek help among medical university freshmen ($\beta=-0.34$). As mentioned in meta-analysis studies that suggest a higher degree of stigmatization for mental illness among racial and ethnic minority groups, including Asians, compared with the general public ($g = 0.20$) (Eymel et al., 2021).

4.2. Face Concerns Moderation

Multiple groups of evaluation showed that the face-related anxiety significantly reduced the strength of the self-stigma-help-seeking relationship; From $\beta=-0.21$ in the low-face-anxiety group to $\beta=-0.46$ in the high-face-anxiety group, it was more evident. According to a meta-analytical structural equation modelling study of 22 Cultures that found correlations between collectivistic Values and Stigma internalization, which then affected behavioral outcomes (Ben et al., 2021; Chio et al., 2023), these results are consistent. Based on the Chinese medical model, due to scholars' and professionals' high status in society, the anticipated decrease in social



recognition resulting from seeking help functions as an intensifying agent of behavioral consequences associated with stigma.

4.3. Counselor Trustworthiness

Perceived therapist integrity had a significant positive effect on recovery after controlling for the influence of perceived stigma ($\beta=0.22$). There is an evident trust phenomenon indicating that although the academic role conflict of college students may be significant, obtaining help can still occur if they think their privacy and knowledge are kept confidential. Enhancing the perceived autonomy and professional sense of advisors in the tertiary education system may help solve their problem of assistance-seeking inhibition without requiring major changes to the existing framework.

4.4. Practical Implications

Medical institution-based interventions for de-stigmatization in mental health should be integrated with people's concepts of faces, which see seeking help as proof of capability rather than a sign of inferiority. Education in mental health literacy should simultaneously fill the knowledge gap and reduce face-based cognitive barriers; therefore, it directly impacts people's behaviors by reducing stigmatization. Bridge the sense of privacy in counselling using structure, such as delineating clearly administrative duties from therapeutic functions to safeguard patient information security in psychology.

4.5. Limitations

Cross-sectional research does not allow for a direct determination of the time order among these factors' interdependencies. Latter need a time sequence verification test, as well. Selected subjects from three medical institutions located in the same area. Whether it represents different fields and areas across the country is still unknown. Every individual evaluation separately causes social-desire biases in response data concerning facial recognition technologies and stigmatizing situations. Although face concerns are a component measured by valid instruments in China;



However, they have yet to be independently examined among medical students and require further psychometric testing.

5. Conclusion

The extent of self-stigma's inhibition was found to be highest in this system ($\beta = -0.34$); Face-related anxiety both directly decreased the desire for help-seeking ($\beta = -0.18$) and significantly moderated its impact via an intermediate effect path; The coefficient from 0.21 increased to 0.46 after accounting for face concern levels. Mental health literacy promoted help-seeking motivation through a partial mediation effect on self-stigma reduction, accounting for 43.5 per cent of the total effect. Perceived counselor reliability became an autonomous favorable indicator ($\beta = 0.22$) with institution support acting as the driving force of facilitation to seek help. These findings support the establishment of culturally specific preventive measures, focusing on face-related anxiety rather than as an auxiliary condition in the stigmatization pathway; And also emphasize that there is still room for improvement in institutionally oriented psychological counselling development concerning the privacy perception issues of medical education environment in our country.

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