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Internalized Stigma and Coping Strategies as Predictors of Mental Health Treatment-Seeking Behavior Among Urban Young Adults

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Abstract
Purpose: *The currebt study focused to investigate the predictive role of internalized stigma and coping strategies in influencing help-seeking behavior among youngsters living in urban areas.*
Method: *A correlational study design was used in the research. Sample comprised N=200 urban young adults aged 18 to 35 years. General Help-Seeking Questionnaire (GHSQ),Brief-COPE Inventory and Internalized Stigma of Mental Illness Scale (ISMI) were utilized for assessment. Partial Least Squares Structural Equation Modeling (PLS-SEM) were used to asses hypothesis.*
Result: *Results revealed that there is a significant connection between Internalized stigma, coping strategies and treatment seeking behavior in urban young adults.*
Conclusion: *Young adults who have high levels of self-stigma are tend to adopt less effective coping strategies which in turn less prone to get mental health treatment. Moreover, there is a mediating role of coping strategies in internalized stigma and mental health treatment-seeking behavior among young adults.*
Implication: *Results of this research article have significant implications for the mental health awareness department that they can use this research to raise awareness among urban young adults, institutions faculty, and mental health professionals about the importance of managing the stigma, use of coping mechanisms in the treatment of mental health issues.*
Key Words: *Internalized Stigma, Coping Strategies, Mental Health Treatment Seeking Behavior, Partial Least Squares Structural Equation Modeling*

Introduction

Young adults today experience a unique blend of challenges—ranging from academic stress to social isolation that have had a major effect on their mental well-being, making the study of their treatment-seeking behavior increasingly important. In order to comprehend the hurdles to mental health care in this population, it is crucial to examine key psychological concepts such as internalized stigma, coping strategies, and treatment-seeking. Stigma involves labeling and stereotyping, which can lead to biases. Internalized stigma arise when a individual suffering from a mental disorder accepts and incorporates societal preconceptions and prejudices regarding their condition. Internalized mental health stigma, often known as "self-stigma," incorporates of negative views into a person's self-identity. Adults who internalize stigma may suffer from regret and hopelessness, which could lead to severe effect on their mental well-being recovery. People with mental illnesses who are aware of and agree with existing stereotypes are prone to have low self-confidence and stop pursuing personal goals (Millman et al., 2019). According to limited research, between 20%-30% of adolescents in the United States are affected by this condition. Help-seeking individuals often experience internalized stigma associated with mental diagnosis, such as feelings of guilt, humiliation, and fear of rejection from peers. Research indicates that anticipating negative outcomes of stigma can worsen symptoms (Mueser et al., 2020; Rüsch et al., 2015).

Coping strategies are the behavioral and cognitive techniques used to handle stress (Lazarus & Folkman, 1984). While coping is linked with psychological resilience. Despite the illnesses, an individual develops various coping mechanisms to reduce and cope with the negative results of the illness. Patients suffering from psychological issues also apply certain positive attitudes to escape or reduce rejection (lter et al., 2023). Coping strategies can be either problem focused and emotion-focused coping strategies. Problem-focused coping strategies include seeking social assistance focusing on issue resolution, diligent, taking action, focusing on the practical, seeking professional help, and involving in physical activities. Emotion-focused coping strategies contains positive-focused emotion strategies and negative emotion-focused coping strategies. Positive motion-focused coping strategies are invest in close friends, get to belong and seek spiritual help. Negative emotion-focused coping strategies are worry, illusion, not cope, ignore the problem, self – blame, and get relaxing techniques (Suresh, 2019). Globally, these strategies are critical in shaping mental health outcomes. Based on World Health Organization (2022), greater than 70% of people experiencing mental distress use some form of informal or self-help coping before seeking professional support. Research shows that people who use adaptive coping strategies are 40–60% less likely to develop long-term psychological disorders compared to those who rely on maladaptive methods (Carver et al., 1989). A global survey found that 35–50% of people coping with stress use emotional support from friends and family, while 20–30% report using avoidance or disengagement strategies (Folkman & Moskowitz, 2004).

Mental health treatment-seeking behavior is the act of seeking psychological or psychiatric assistance while facing mental health problems. The term 'help-seeking' indicates to all stages of the process, including initiating and engaging with treatment. This behavior is shaped by a range of cognitive, sociocultural, and structural elements (Clement et al., 2014). Mental health issues are the root cause of disability among young adults worldwide, particularly in urban areas

where the stress of contemporary life, unemployment, academic pressure, and social expectations exacerbate psychological troubles. Despite increasing knowledge and access to mental health treatments, taking help remains disturbingly less among young adults (WHO, 2022).

Most researches examine stigma and help-seeking behavior have been conducted in Western contexts, with limited exploration of how internalized stigma and coping strategies jointly influence treatment-seeking behavior among urban youth in South Asia. The interaction of these variables in non-Western, youth-specific populations remains underexplored. In Pakistan, mental illness is frequently associated with supernatural beliefs or perceived personal weakness, leading to significant stigma, even among healthcare professionals (Suhail, 2005). Zafar et al. (2008) identified that mental and physical illnesses face stigma in Pakistan; Internalized stigma is a significant psychological barrier that prevents young adults in Pakistan from disclosing mental health concerns or seeking professional help. This stigma, which is often established in cultural and religious beliefs, causes people to see mental disturbance as a source of shame. However, mental illness is prone to greater societal prejudice, particularly among youth and urban demographics.

The study highlights the need to investigate the ways in which coping mechanisms and internalized stigma interact to affect treatment-seeking behavior in non-Western urban contexts. By investigating these determinants among Pakistani urban youth, this study seeks to fill a significant gap and provide information for successful interventions and campaigns to raise awareness of mental health issues.

1.1. Problem Statement

Despite better access to mental health resources in urban settings, young adults often avoid seeking help due to internalized stigma- negative self perceptions resulting from societal stereotypes about mental illness and reliance on maladaptive coping strategies. These psychological barriers significantly affect early diagnosis and treatment, leading to worsening of symptoms. The combined effect of internalized stigma and coping strategies on treatment seeking behavior remain under explored, particularly within the context of urban youth who face unique social, economic and cultural pressures. The problem calls for research that explores how internalized stigma and coping strategies contribute to this reluctance, particularly within the context of Pakistani urban youth.

1.2. Research Objectives

1. Examine the interlink of internalized stigma, coping strategies and treatment seeking behavior among young adults in urban areas.
2. To investigate how coping strategies influence the likelihood of seeking mental health treatment among urban young adults.
3. To evaluate the association between internalized stigma and coping strategies among urban young adults
4. To look into facilitating role of coping strategies in the connection between internalized stigma and mental health treatment-seeking behavior among urban young adults.

1.3. Hypothesis

H1: There is significant association between internalized stigma and likelihood of seeking mental health treatment among urban young adults.

H2: There would be significant negative relationship between internalized stigma and coping strategies among urban young adults.

H3: It is hypothesized that there is likely to be significant connection between coping strategies and mental health treatment seeking behavior among urban young adults.

H4:Coping strategies would mediates the relationship between internalized stigma and treatment seeking behavior among young adults in urban areas.

Literture Review

2.1. HBM Theory

Knowing the social and psychological factors that drive mental health treatment-seeking behavior demands a foundation in numerous theoretical frameworks. The Health Belief Model (HBM) provides useful structure for understanding the elements that affect young adults' behavior when seeking mental health care. According to this model, that was originated by Hochbaum, Rosenstock, and Kegels in 1950s, people are prone to involve in health-enhancing behaviors, like seeking mental health treatment, when they believe that a certain action would be useful (perceived benefits), recognize that they are allowing to a condition (perceived susceptibility), see the problem as quite important (perceived severity), and recognize minimal obstacles to adapt that action (perceived barriers). According to this concept, internalized stigma is a significant perceived roadblock that might deter individuals from seeking mental health assistance because they feel ashamed, scared of being judged by others, or self-conscious. The HBM also incorporates the ideas of self-efficacy, or belief that one can take successful action, and signals to action, which are outside occurrences or impulses that motivate treatment-seeking. Notably, coping mechanisms can affect self-efficacy by either increasing or decreasing an person's confidence in their capacity to manage their mental well-being, which in turn influences the tendency to seek professional assistance. Revelance to this study, young people' coping mechanisms can have a big impact on how they handle internalized stigma. While dysfunctional coping may perpetuate negative self-perceptions and discourage people from seeking help, adaptive coping may lessen the psychological cost of stigma and make treatment-seeking easier (Lazarus & Folkman, 1984).

2.2. Empirical Review

2.2.1. Internalized Stigma and Treatment Seeking Behavior

The findings showed that increased self-stigma was strongly linked with reduced treatment adherence. Younger patients, as well as those whotook alcohol or tobacco, were unlikely to adhere. Lowering self-stigma may enhance adherence, particularly among younger and substance-using groups (Kazemi et al., 2024). There was no statistically link between internalized stigma and prior actions and treatment-seeking intentions mediated sequentially by fear of stigma and expected stigma. Fear of stigma associated with substance use as a mechanism via which internalized stigma may encourage people to seek treatment for substance use disorders (Benz et al., 2021). Decreased help taking was connect to greater internalized stigma, which leads to more prone of stigma, as stated by mediation researches. Only in cases of severe depression

symptoms was treatment seeking linked to anticipated stigma, according to moderation analyses. Nonetheless, the finding that those with more severe symptoms are primarily affected negatively by predicted stigma underscores the importance of more targeted anti-stigma campaigns (Amal, 2024). Both male and female students concurred that the main barriers to the public's health-seeking behavior were the stigma linked to mental illness (combined 24.3%) and absence of awareness (combined 34.5%) (Abdullah et al., 2021). Over 40% of individuals had stigmatizing views about seeking professional psychiatric help, influenced by factors such as father's employment, residential location, and gender (Abbas et al., 2024). The results revealed that 376 (65.4%) participants believed that people with mental diseases could be dangerous to others, 422 (72.5%) believed that seeking psychiatric care was a sign of weakness, and 205 participants (34.9%) believed that receiving counseling was stigmatized. In spite of this, regardless of religious beliefs, there is a significant tendency to seek professional assistance for mental problems (Javed et al., 2024).

2.2.2. Internalized Stigma and Coping Strategies

Patients who employed good coping techniques, such as actively dealing with issues, planning, seeking help, and thinking optimistically, had lower stigma and were more resistant to stigma. Individuals who adopted avoidant or detached coping methods reported greater levels of internalized stigma (İlter, 2023). Study found important link between self-stigma and coping mechanisms. Healthy coping, occupation, and total self-stigma grading were exhibit to be the most significant predictors by multiple regression, accounting for 32.9% of quality of life. Research agreed connection between self-stigma, condition severity, quality of life, and coping strategies among out door patients with neurotic spectrum disorders (Holubova et al., 2019). The findings showed that young people used a range of strategies in a variety of contexts and relationships. It was typical to avoid sexual connections and medical care, as well as to keep information from friends, family, coworkers, and schools. Social assistance and mental well-being appeared to buffer the connection between coping strategies and health outcomes (Tran, 2022). Research indicated that women display high prevalence than men to spend time with their loved ones. Men's coping techniques had stronger relationships with most variables but no significant links with other categories. Women also showed strong associations among variables, though coping styles had minimal connection with internalized stigma (Batool et al., 2024).

2.2.3. Coping Strategies and Treatment Seeking Behavior

The unintended impact of coping on the correlation among internalized stigma and well-being was examined using a variety of mediation models. Adaptive coping was the only factor that facilitates the association in stigma and well-being, however unhealthy attitude was the only factor that conciliate the bond between stigma and distress. Healthy coping could be useful in efficiently coping stigma-related stress however improving mental health, but maladaptive coping techniques might be contributing to psychological discomfort (Tran & Lumley, 2019). Study found a strong correlation between the students' views about accessing counseling services, coping mechanisms, and mental health. This recommend that keeping good mental health is connected to having helpful coping strategies and positive attitudes toward seeking therapy services. (Rosli & Harun, 2023). Amidst EWs, age, relationship, family salary, seeking a professional, ignored coping, and more COVID-19-related discomfort were all longitudinal

determinants of anxiety and subjective stress symptoms. The mental health of Canadian EWs has been significantly impacted by COVID-19 (Muthumuni et al., 2024).

2.2.4. Internalized Stigma, Coping Strategies and Treatment Seeking Behavior

Self-stigma arise in forms of shame and less self-esteem, which discouraged people from seeking help, public stigma caused social isolation and reinforced negative self-perceptions (Omondi, K. 2024). Students experiencing significant psychological distress employ coping strategies to address with the stigma linked with asking for assistance; less means to deal with the stigma allianced with asking for assistance; less stigma associated with asking for help, the more likely students are to establish plans to seek professional assistance (Dagani et al., 2025). Based on the study's findings, patients in the eastern region had higher levels of internalized stigma, such as social disengagement, felt discrimination, alienation, and stereotype endorsement, whereas perceived support from friends and family was higher in the western region (Özdemir et al., 2025). It discovered that individual with greater amount of internalized stigma were more prone to have social anxiety. Furthermore, issues with employment and social adjustment exacerbated this link (Ilyas et al., 2024). The link among stigma and mental illness, perceived coping mechanisms, stigma management techniques, and considered causes of mental disorders are all identified by the reflexive theme analysis. With mental illness being so stigmatized in Pakistan, the project intends to further academic studies on mental health and sickness in young individuals at higher education institutions (Bano & Ghani, 2024). Findings imply that adaptive coping is a great barrier against perceived stigma and mental suffering. (Akhlaq et al., 2021).

Rationale

Although a huge amount of research has been done concerning internalized stigma, coping mechanisms, and treatment-seeking behavior worldwide, the majority of it lacks a thorough strategy, because this strategy takes into account how these aspects interact dynamically across culturally diverse populations. Integrated models that simultaneously consider the way internalized stigma affects the adaptation of coping strategies and the way both impact the usage of mental health services are noticeably lacking. Social, religious, and cultural standards impact how people behave to a large degree, which makes this particularly important. These contextual factors are often ignored or inadequately researched though. In non-Western collectivist societies like Pakistan where mental illness is highly stigmatized fewer know how these interactions work. Within empirical literature, the perspectives for vulnerable groups are just not so well represented. Due to these inadequacies, research that is culturally grounded and methodologically sound is what is urgently needed. Such research may guide regional initiatives along with policies aimed at improving mental health outcomes.

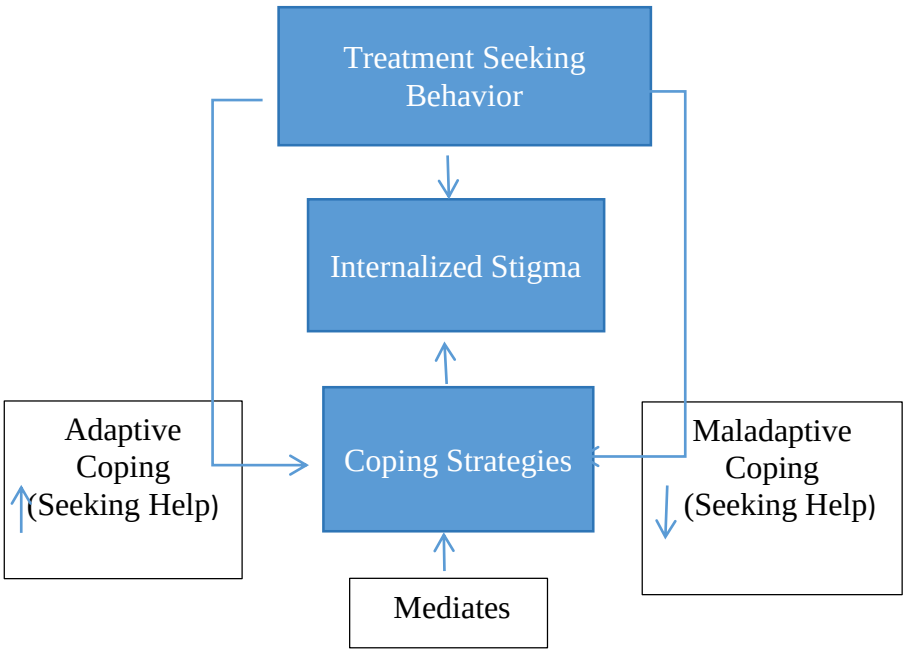

Figure 2.1 *Theoretical Model of the Research*

Figure 2.1. The model shows how internalized stigma, coping strategies, and treatment-seeking behavior are connected in young adults. It suggests that stigma negatively influence treatment-seeking behavior both directly and indirectly, depending on the type of coping used. Young adults who have adaptive coping strategies more likely to seeking treatment, while maladaptive coping may reduce it. Moreover, coping strategies mediates or moderates the link between internalized stigma and treatment seeking behavior.

Methods

3.1. Data Collection & Sample Size

A quantitative research study was conducted by using a correlational research design to explore direct and indirect connection in internalized stigma, coping mechanisms, and mental health treatment taking behavior among urban young adults. Selection of participants was carried out through various means to guarantee a broad and diverse sample. The group consisted of university students from different academic backgrounds, employers (including those from various professions and industries), social media platforms such as Whats App, Facebook, and Instagram, along with outpatient clinics. Data was collected through both online Google form and paper-based questionnaires, which resulted in the addition of 29 items of the scales for all constructs mentioned in this research. According to Stevens (1996), 200 young adults were surveyed using the guidelines. He suggests that researchers need to ensure that there is at least 15 participants per predictor variable to enable reliable estimation of parameters and adequate statistical power. The sample size of 200 in this study is both sufficient and excessive, which meets the minimum requirement as per this rule. Accordingly, it is considered adequate and fitting for the studies carried out.' In addition, data is collected using purposive sampling the most suitable technique for this population.

3.2. Measurement of Variables

The variables in research article contains internalized stigma, coping strategies, and mental health treatment seeking behavior. All the variables questionnaire in this study were assessed on likert scale. Internalized stigma used 9 measuring items called the Internalized Stigma of Mental Illness (ISMI-9) was created to analyze how much stigma is internalized around mental illness. In 2017, Dr. Michael D. Toland and Joseph H. Hammer created it. Each of the nine items has a 4-point Likert scale (1 being strongly disagree and 4 being strongly agree). Carver (1997) developed Brief-COPE scale, which contains 10-item questionnaire that is the shortened form of Brief- COPE, a self-report measure assessing the various coping strategies. Each item is rating on 4 point Likert scale that responses range from 1(I have not been done this at all) to 4 (I have been done this at all). The General Help Seeking Questionnaire (GHSQ) 10 items English version was used to measure treatment-seeking behavior in 2005, which was co-founded by Wilson, Deane, and Ciarrochi with guitarist Rickwood.. Utilizing a seven point Likert scale from "Extremely Unlikelihood" to "Probability", question is asked whether the respondents are likely to receive assistance from each source.

3.3. Profile of Respondents

The study comprised 200 urban young adults in the age range of 18 to 35. For the purpose of maintain gender equality, this research incorporated responses from both genders. Despite the fact that many participants were only required to hold bachelor's and postgraduate degrees, the minimum educational requirement for participation was intermediate. Participants who have ever experienced mental health issues were involovd in the study. This research excluded participants who are currently receiving treatment for severe cognitive impairment and being hospitalized at the psychiatric level. The work conditions of the participants varied; some were students or unemployed, while others were full-time or part time learners. The participants were also prompted to indicate their socioeconomic status.' The participants were asked about their mental well-being background and any previous experiences with mental illnesses. Additionally, data on treatment-seeking behavior was collected. The diverse demographic profile of urban young adults offered a comprehensive understanding of the population being studied and provided valuable insights of the variables.

3.4. Analysis Tool

For variance-based structural equation modeling, SEM uses a sophisticated statistical program called SmartPLS (Smart Partial Least Squares). This is the most popular method. The ability to investigate intricate connections between latent and observable variables makes it a sought-after topic in social science and psychology research. This approach is more suitable for small to medium sample sizes and doesn't necessitate regularly distributed data, unlike standard SEM methods. The bootstrapping capabilities, visual modeling, and user-friendly interface of this tool make it a great choice for exploratory and predictive research. Researchers can evaluate the validity and reliability of the measurement model, path linkages, and effect sizes of a structural modell by using these characteristics. Tools like AMOS, which are based on covariance-based SEM (CB-SEM), are not the same as SmartPLS. Large samples, theory testing, and regularly distributed data are better suited for AMOS, which provides model fit indices for theory validation. SmartPLS, on the other hand, is more appropriate for exploratory research and

sophisticated models since it is prediction-oriented, particularly in cases when the data does not adhere to rigorous statistical assumptions (Hair et al., 2017).

Results

4.1. Measurement Model

Before examining the relationship in the structural model, measurement model (also called outer model) in PLS-SEM evaluates the validity and reliability of the measuring tools (Hair et al., 2017). Convergent validity and discriminant validity are two sub-types of measurement model. The extent to which several items (indicators) designed to examine the same construct are in fact connected to one another and share a significant amount of variance is known as convergent validity. In this research, it is important to evaluate the model ahead of tested the hypothesis. PLS-SEM, convergent validity is evaluated using four essential values (criteria) such as composite reliability, loading, average variance and Cronbach alpha .

Figure 4.1. *Measurement Model*

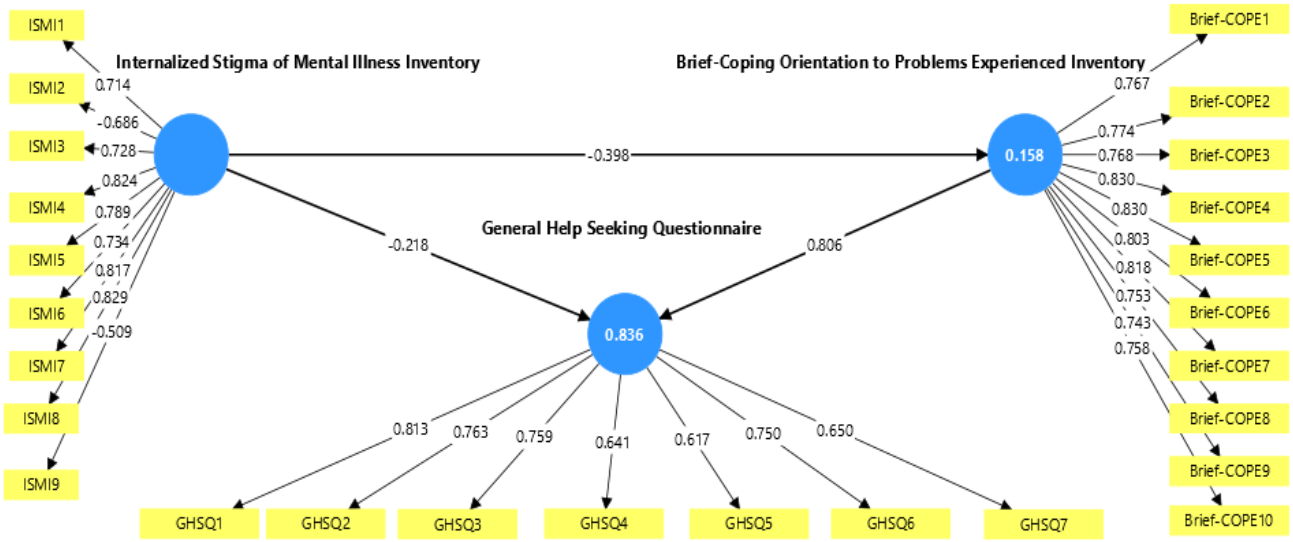

Table 4.1

Convergent reliability and validity of Internalized Stigma of Mental illness Scale (ISMI), General-Help Seeking Questionnaire (GHSQ) and Brief-Coping Orientation to problem Experienced Inventory (Brief-COPE)

Items	Loadings	Alpha	Composite Reliability (CR)	Average Variance Extracted (AVE)
ISMI1	0.714	0.713	0.903	0.552
ISMI2	-0.686			

ISMI3	0.728			
ISMI4	0.824			
ISMI5	0.789			
ISMI6	0.734			
ISMI7	0.817			
ISMI8	0.829			
ISMI9	-0.509			
GHSQ1	0.813	0.844	0.864	0.514
GHSQ2	0.763			
GHSQ3	0.759			
GHSQ4	0.641			
GHSQ5	0.617			
GHSQ6	0.75			
GHSQ7	0.65			
Brief-COPE1	0.767	0.931	0.934	0.616
Brief-COPE2	0.774			
Brief-COPE3	0.768			
Brief-COPE4	0.83			
Brief-COPE5	0.83			
Brief-COPE6	0.803			
Brief-COPE7	0.818			
Brief-COPE8	0.753			

Brief-COPE9	0.743
Brief-COPE10	0.758

Based on the data analysis in Table 4.1 and Figure 4.2, Internalized Stigma Index (ISMI) displayed and Average Variance Extracted (AVE) of 0.552 (AVE ≥ 0.50), Composite Reliability (CR) of 0.903 (CR ≥ 0.70), and Cronbach's alpha of 0.713 (α ≥ 0.70), indicating acceptable reliability and convergent validity. The factor loading values of ISMI scale lies between -0.686 to 0.829 (≥0.30). The factor loadings for the internalized stigma scale indicate a strong and coherent underlying construct, with most items loading positively and highly (e.g., 0.714 to 0.829), suggesting they are good indicators of internalized stigma. However, two items show negative loadings (-0.686 and -0.509), which may indicate reverse-coded items or potential issues with item clarity or relevance but these items ignored because of acceptable reliability and validity. Table 4.1 and Fig. 4.2, General Help Seeking Questionnaire (GHSQ) demonstrated good internal consistency with a Cronbach's alpha of 0.844 (α ≥ 0.70), , CR of 0.864 (≥ 0.70), and AVE of 0.514 (≥ 0.50). The item loadings fall from 0.617 to 0.813, all of which surpassed the acceptable edge of 0.30, revealed that the scale is both reliable and valid. Similarly, the Brief COPE showed excellent psychometric properties. The Cronbach's alpha was 0.931 (α ≥ 0.70) , Composite Reliability was 0.934 (≥ 0.70) , and AVE was 0.616 (≥ 0.50) . All item loadings were between 0.743 and 0.83 (≥0.30), supporting the consistency and convergent validity of the short version of scale.

4.1.1. Discriminant Validity

The degree to which a variable in a model is conceptually and statistically actually distinct from other constructs is called discriminant validity (Hair et al., 2017). Three primary criteria are used to evaluate discriminant validity such as Fornell-Larcker criterion, Cross-loadings and Heterotrait–Monotrait Ratio (HTMT (Henseler et al., 2015). Existing researches revealed that the Fronell-Larcker is a highly helpful instrument for assessing discriminant validity; yet, in many study situations, this approach failed to identify the lack of discriminant validity (Henseler et al., 2009).

Table 4.2

Discriminant Validity-Heterotrait-Monotrait ratio (HTMT)

Variables	Brief-COPE	GHSQ	ISMI
Brief-COPE			
GHSQ	0.752		
ISMI	0.409	0.617	

Moreover ,HTMT ratio is used to assess the discriminant validity, that intended more appropriate as compared to Fronell-Larcker criteria shown in Table 4.2. Every number displayed is within the acceptable range of 0.90 (Gold et al., 2001). As stated in table 4.2, HTMT values between the Internalized Stigma of Mental Illness

Scale (ISMI) and other two constructs Brief-COPE (0.409) and GHSQ (0.617) suggest that internalized stigma is empirically distinct from coping strategies and help-seeking intentions. Similarly, the HTMT ratio between Brief-COPE and GHSQ (0.752) supports that while related, these constructs capture unique aspects of psychological functioning.

4.2. Structural Model

In a PLS-SEM framework, the structural model (often called inner model) provides an explanation for how the latent components are supposed to interact. When the measurement model is proven to be valid and reliable according to these hypotheses, interactions between constructs are tested using the structural model (Hair et al, 2017).

Table 4.3

Total and Direct Effects (Path Analysis)

Relationships	***β***	***SD***	***T* Statistics**	***P* Value**
ISMI -> GHSQ	*-0.218*	*0.038*	*5.756*	*0.000*
ISMI-> Brief-COPE	-0.398	0.061	6.514	0.000
Brief-COPE->GHSQ	0.806	0.025	32.356	0.000

Note: SD= Standard Deviation

Verifying the hypotheses by coefficient and *t*-value using the Smart-PLS 4 in the direct relationship is seen in table 4.3 of the following tables. Table 4.4 indicate the mediating finding, with the help of bootstrapping. The hypothesis has been measuring empirically with direct and mediation connections. Table 4.3 and Fig. 4.2 revealed that hypothesis are significant. Based on Table 4.3 Internalized stigma significantly negative impacts on mental health treatment seeking behavior (β = -0.218, t=5.756, p=0.000), indicating that prone levels of internalized stigma are link with unlikely of seeking professional mental health support, and H1 is confirmed. In relation of H2, Secondly, a significant inverse relationship was observed in Internalized Stigma (ISMI) and Coping Strategies (Brief-COPE) (β = -0.398, t = 6.514, p = 0.000), that is accepted. This implies that person who internalize the stigma reluctant to participate in effective coping strategies, potentially due to diminish self-efficacy and enhanced feelings of shame. Lastly, a strong and significant positive path was found from Coping Strategies (Brief-COPE) to Mental Health Treatment-Seeking Behavior (GHSQ) (β = 0.806, t = 32.356, p = 0.000). This suggests that young adults who apply actively use coping strategies are more probably to take professional support.

Table 4.4

Indirect Effects of Internalized Stigma of Mental Illness scale, Brief-COPE, General Help Seeking Questionnaire

Relationships	***β***	***SD***	***T* Statistics**	***P* Vlaues**

ISMI -> Brief-COPE -> GHSQ	0.32	0.047	6.819	0.000

Table 4.4 and Figure 4.2 results verify the third proposal, indicating that coping strategies significantly mediate the connection in internalized stigma and mental health treatment-seeking behavior.

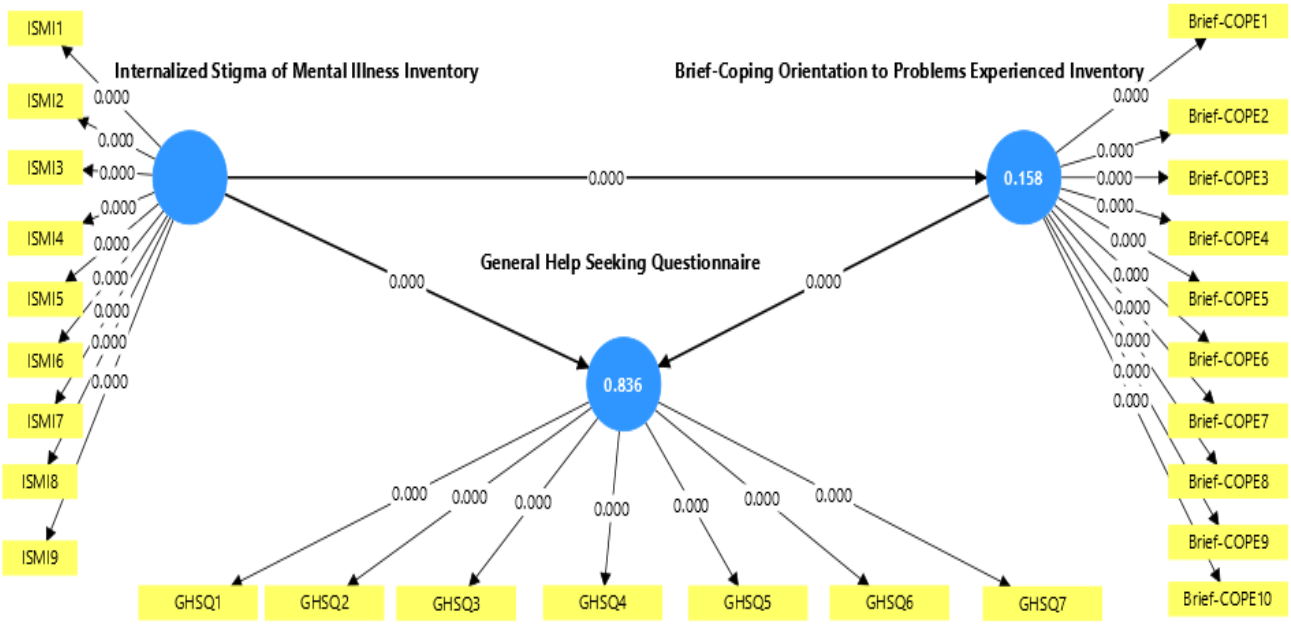

Figure 4.2 *Structural model*

Specifically, the analysis exhibit a significant indirect effect (β=0.320, t= 6.819, p=0.000), suggesting that internalized stigma affects treatment-seeking not only directly but also indirectly by influencing individuals' use of coping mechanisms. This implies that when young adults experience internalized stigma, it may undermine their ability or motivation to engage in effective coping, which then reduces their likelihood of seeking professional help.

Discussion

Chapter explores the findings of the study in light of the proposed hypotheses and existing literature. The current study purposes to inspect the predictive roles of internalized stigma and coping strategies in mental health treatment seeking behavior among young urban adults. Research was built on four hypothesis and findings provide meaningful insights into how psychological factors effects the readiness to seek help professional mental health support. Findings of the research supported the hypothesis that there is likely negative and significant bond between internalized stigma and treatment seeking behavior among young adults. The procedure by which people with mental health disorders internalize unfavorable societal perceptions and labels about mental illness is referred to as internalized stigma, or self-stigma. Several studies have discovered a negative relationship between internalized stigma and mental health treatment-seeking behavior. Specifically, Corrigan (2004) explained that adults who

internalize the stigma are more chances to believe they are weak or incompetent for needing help, which reduces their motivation to seek treatment. Greater self-stigma were linked to more unfavorable opinions about treatment and a decreased desire to get help for psychological issues (Vogel et al., 2006). . Clement et al. (2015) performed a systematic review and meta-analysis and discovered strong proof that stigma, especially internalized stigma, is vital obstacle to the usage of mental health treatment in a variety of contexts and demographics. Yap, Wright, & Jorm (2011) noted that internalized stigma reduces perceived need for help and increases anticipated discrimination, both of which contribute to reduced treatment-seeking behavior.

It was hypothesized that there is negative and significant relationship between internalized stigma and coping strategies among young adults in urban areas. When someone internalizes unfavorable beliefs and preconceptions themselves regarding their mental illness, it's recognized as internalized stigma. It often results in self-blame, shame, and social withdrawal. Reseach by Yanos, Roe, & Lysaker (2010) found that individuals with higher levels of internalized stigma used less active and adaptive coping strategies and were more likely to use avoidance and self-isolation.. Livingston & Boyd (2010) conducted a systematic review and concluded that internalized stigma is negatively connected with adaptive coping and positively related with avoidant or passive coping. Their findings emphasize how internalized stigma undermines confidence and hope, which are essential for proactive coping. Ritsher & Phelan (2004) Showed that higher internalized stigma was significantly linked to greater use of disengagement strategies, such as denial and behavioral avoidance. Internalized stigma was inversely correlated with help-seeking coping strategies and positively correlated with maladaptive strategies, especially self-criticism and isolation. Instead, individuals are more likely to depend on unhealthy coping mechanisms, which hinder recovery and worsen psychological outcomes (Watson et al., 2007) .

There is another hypothesis in which there is strong positive and significant relationship was found between coping strategies and treatment-seeking behavior among urban young adults. Coping strategies refer to the psychological and behavioral attempts individuals use to cope stress and psychological distress. Nadler (1991) Found that individuals who use support-seeking coping strategies are more likely to seek help from professionals when under psychological distress. According to Komiya, Good, and Sherrod (2000), people who use approach-oriented coping mechanisms (such as problem-solving and help-seeking) have a positive view about getting mental health services. Rickwood et al. (2005) model suggesting that adaptive coping, such as seeking information and support, facilitates the recognition of the need for professional help and increases actual help-seeking behavior. There is another study by Cramer (1999) demonstrated that coping style is a significant predictor of willingness to seek counseling. The likelihood of getting therapy is positively correlated with active coping methods. According to studies by Tamres, Janicki, and Helgeson (2002), people who use social and emotional coping are likely to seek mental health assistance.

Another hypothesis posits that coping strategies mediates the interconnection between internalized stigma and mental health treatment seeking behavior among young adults. According to this internalized stigma affects coping strategies, which in turn influence mental health treatment seeking behavior. This indirect pathway suggests that coping strategies serve

as a mediating mechanism through which stigma impacts whether an individual seeks help. The relevant previous study by Vogel, Wade, & Hackler (2007) found that Internalized stigma leads to negative attitudes toward counseling. These attitudes, shaped by maladaptive coping, reduce the readinesss to seek help. The study concluded that coping mechanisms and attitudes serve as mediators in the stigma-help-seeking relationship. Tucker et al. (2013) concluded that Internalized stigma was linked with maladaptive coping strategies such as self-isolation. Consequently, these coping mechanisms made it less likely that people would seek professional psychological assistance. The study provided statistical support for coping as a significant mediator in the connection between stigma and help-seeking. According to the research by Topkaya (2014) self-stigma negatively impacted students' coping styles, making them less likely to use positive or problem-focused coping. This poor coping led to less positive beliefs on getting psychological assistance. Research exhibit that coping strategies partially mediated the stigma–help-seeking relationship. Eisenberg et al. (2009) shown that students with greater internalized stigma used less adaptive coping strategies. These students were unlikely to seek mental health services, even when experiencing significant symptoms. The study concluded that coping style plays a key mediating role in determining whether individuals seek treatment that support the hypothesis.

Implications/Contributions

The research article deepens our knowledge of how internalized stigma, coping strategies as a mediator predicts the mental health treatment seeking behavior among urban young adults. This research confirms that internalized stigma is greater psychological hurdle to mental health treatment-seeking behavior among urban young adults, supporting existing stigma-related theories. It draws attention to the mediating function of coping mechanisms and emphasizes the necessity of fostering adaptive coping mechanisms in addition to stigma reduction in order to enhance help-seeking. Mental health professionals should assess both stigma and coping styles during counseling, as both significantly impact treatment engagement. Educational institutions can play a key role by introducing mental health awareness programs that address stigma, emotional regulation, and healthy coping mechanisms. The study supports the development of youth-friendly mental health policies that are culturally appropriate, stigma-informed, and designed to the requirements of urban populations. The research calls for community-based and policy-level interventions to address mental health stigma, increased mental health knowledge, and increase approach to psychological help for youth.

Limitations and Future Recommendations

The limited existing literature and lack of consensus on particular issues make it difficult to build on previous research. Participants do not always give accurate or genuine replies in self-report measures for data collection, which might induce response bias. The study's focus was on young adults in urban areas, generalizability to other the population is not feasible. As a result, it is suggested that the research be expanded beyond urban young adults to determine if the identified relationships hold true for adolescents, middle-aged adults, or older persons living in rural or semi-urban settings. A cross-sectional research methodology was adopted, however longitudinal research is advised in the future to follow changes over time. This can help in

understanding the long-term impacts and causal relationships between these factors such as internalized stigma, coping strategies and mental health treatment seeking behavior.

Conclusion

The research article showed positive relationship between internalized stigma, coping strategies and mental health treatment seeking behavior among urban young adults. Findings revealed that individuals who have highest internalized stigma are unlikely to get mental health treatment because fear of social judgment. Moreover, Results highlight the mediating role of coping strategies in the relationship between internalized stigma and mental health treatment seeking behavior among young adults in urban areas. Internalized stigma is also have negative effect on coping strategies among young adults. Young adults with high self stigma less likely to use effective coping mechanism , and depends on avoidance or denial defense mechanism.

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