

## RESEARCH ARTICLE

# Mental Health Stigma and Help-Seeking: A Moderated Regression Analysis of Attachment Styles

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## ABSTRACT

The stigma is a very important obstacle to a psychological rescue and is an obvious excuse, which engulfs individuals in an attempt to obtain a professional help. In general, although the role of stigma is thoroughly studied, little has been done to investigate the individual difference in the nature of functioning of emotions and interpersonal relationships or even the issue of attachment styles. The paper has covered the relationship between the moderating role of the attachment anxiety to the mental health stigma and the help-seeking behaviour. The paper is regarding the impact of the internal relational schema of the people on their attitude to seek support with stigmatising attitude. The sample of 300 students of the university who had to take the standardised test of their attitudes to the mental health stigma, attitudes to the style of attachment (with the emphasis on the attachment anxiety) and attitudes to professional help was surveyed. The moderate indices of stigmatization in making a help seeking behavior was regressed through a regression analysis that involved the use of a PROCESS macro (Model 1) that revealed that the negative stigma effect on a help seeking behavior was stronger with an increase in the level of attachment anxiety. This was most paramount among the individuals that were highly attached in the aspect of anxiety. The other negative effect of stigma was noted among individuals who had greater levels of attachment anxiety and the desire to receive help was taken into account. The implications of such findings include the outstanding high attachment styles between individuals in the area of mental health stigma.

**Keywords:** Mental Health Stigma; Help-Seeking Behavior; Attachment Anxiety; Moderated Pathway Analysis; Psychological Treatment

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## 1. Introduction

The stigma of mental health is a major factor that prevents one to seek professional assistance to mental health issues. Mental illness stigma in the society and within the individual has always been cited as one of the most critical hindrances that cause individuals to lessen their chances of seeking help whenever they encounter psychological problems <sup>[1]</sup>. This stigma can be divided into societal and internalized where the society has negative stereotypes and prejudice towards people who have psychological health problems, and the internalized where the person internalizes the attitude the society has on them and perceives him/herself as inferior or weak as a result of his/her condition <sup>[2]</sup>. The more stigmatized, the less willingness to participate in the treatment, and thus the delay in seeking help and worsening of the situation.

Although the role of attachment styles is unexplored in the research on stigma and help-seeking behavior, this would be one of the underexplored areas in the research. Attachment theory is a theory, first formulated by John Bowlby in the 1960s, which states that early relationships with caregivers influence the emotional reactions that an individual will have to interpersonal relationships in the rest of life <sup>[3]</sup>. The three styles of attachment, including secure, anxious, and avoidant, have significant implications on how people cope with stress, relate, and react emotionally to stressful situations <sup>[4]</sup>. Securely attached people are more likely to trust others and have their emotions under control whereas anxiously attached individuals are overemotional and afraid of rejection and thus may be more susceptible to stigmatization effect <sup>[5]</sup>. Avoidant attachment where there is no emotional attachment and trusting others may make the individual not want to get any help at all <sup>[6]</sup>.

Although the connection is well-documented, there has been little attention to the degree to which attachment styles may modulate this association. Moderation can be described as the concept that the magnitude or the direction of a relationship between two variables can be contingent upon a third one—attachment style in this instance <sup>[7]</sup>. The existing research will close this gap by investigating how the attachment styles may dictate the degree to which the stigma is evident on whether to seek help or not when addressing mental health issues.

Mental health stigma refers to the negative attitudes, stereotyping, and discrimination experienced by those with psychological health conditions. It can manifest in various forms, such as public stigma (societal condemnation), self-stigma (internalisation of societal stereotypes), and structural stigma (institutional policies that perpetuate the disadvantaged status of individuals with mental health issues) <sup>[8]</sup>. Public stigma is a negative perception towards mentally ill people in the society e.g. the perception of dangerous, lazy and incompetent. Such biases may cause discrimination in different areas of life, one of which is the workplace, medical services, and social relationships <sup>[9]</sup>.

This approach to the society would result in self-stigmatization by internalization and subsequent development to shame, guilt and unworthiness <sup>[10]</sup>. The self stigma has been especially pernicious, since it was identified to have a direct impact on self esteem and hope of self ability to change. Stigmatization causes low help seeking behaviour as people who internalised stigmatization through the fear of being judged / rejected will do so <sup>[11]</sup>. The structural stigma is one of the reasons that contribute to making the mentally ill individuals to be marginalized, the section of which is one in the inaccessibility to rational health services, health care provider policies restricting care access, or biased health care provider attitudes <sup>[12]</sup>.

The works testify to something every time: stigma is one of the most significant obstacles, due to which the individuals cannot resort to professional assistance related to mental disorders <sup>[13]</sup>. Individuals who perceive themselves as stigmatized are more likely to delay or avoid seeking care, often due to fear of judgment or negative consequences. For example, a person may avoid seeking help because they fear being

labeled as "weak" or "crazy" or because they worry that others will view them as incapable of functioning in society <sup>[14]</sup>. Such timidity can lead to the additional worsening of mental illnesses and torturous pain in the long-term perspective. Despite the abundance of literature on the stigma, most of the researchers have done works on the aspect of the element of the public stigma and self-stigma, and little has been done to establish how the aspect of the attachment style can be used to understand the effects of stigma on the help-seeking behaviour. The difference in the attachment of different individuals is a very huge gap because the difference in the experience and the way the stigma is dealt with can be influenced.

### **1.1. Attachment style and its contribution to the emotional regulation and help-seeking process**

As such, the early experiences that a person is exposed to through the care of his or her carers may influence the type of attachment that the person acquires and this would subsequently impact on their emotional regulation and related behaviours during their life as the attachment theory that John Bowlby (1969) developed. Attaching is the emotional connection that is brought into existence between the carers and the babies and it will determine how people will perceive and associate with the rest of the world during future life. Bowlby has identified three broad categories of attachments that were determined by the quality of care.

- **Secure Attachment:** Individuals exhibiting stable attachment types generally possess confidence in others, exhibit comfort with intimacy, and have proficiency in emotional regulation. They have a positive view of themselves and others, which enables them to cope effectively with stressors and seek help when needed.
- **Anxious Attachment:** Anxious attachment styles result in individuals who are always concerned with the possibility of abandonment and rejection. They also have a high degree of emotions and can be very sensitive about how other people feel. Anxiously attached people can struggle to control their emotions and be subject to taking in negative feedback which might predispose them to be more susceptible to stigma and less willing to seek assistance.
- **Avoidant Attachment:** Personality with avoidant attachment style will avoid emotional closeness and can also lack the ability to trust other people. It is usually in their downplay/suppression of emotional distress because they would rather handle problems themselves and not have to seek assistance. This separation can cause them to not consult professional assistance in case of intellectual health problems, despite having the feeling of stigma <sup>[15]</sup>.

According to the attachment theory, the securely attached person tends to adopt the challenges even stigma with the resilience of emotions and trust towards others. They might also find it easier to seek assistance despite the stigma they might feel since they will not absorb the negative attitudes in the society. Conversely, anxiously attached people might be more vulnerable to the high level of emotional distress when exposed to stigma and might more easily internalize negative stereotypes. The result of such internalization is that the self-esteem declines, making the idea of seeking help less probable <sup>[16]</sup>. Avoidant individuals can also tend to avoid seeking help but they avoid it because they have fears of being intimate and also because they believe they are supposed to be self-reliant.

Help-seeking behavior is a process through which one becomes aware of a need to seek help, and responds by seeking professional assistance by using a therapist, doctor or support group. Although help-seeking is mostly perceived as the affirmative response to mental health problems, it may be affected by a variety of factors, such as stigma and attachment style.

This has been demonstrated by several studies that indicate that people who consider themselves stigmatized will not consult help over mental health issues <sup>[17]</sup>. The barrier of stigma is that it causes people to feel ashamed and frightened of rejection of the treatment. This also means that people might postpone the process of seeking assistance or not participate at all, which contributes to the deterioration of their inner health.

Nevertheless, attachment style has been demonstrated to be very critical in the help-seeking process. Individuals who have been securely attached tend to be more willing to seek help due to the existence of good interpersonal relationships and they have confidence that other people will be helpful to them <sup>[18]</sup>. Conversely, insecurely attached persons (especially those of the anxious attachment style) can experience feelings of inadequacy or rejection and this predisposes them to avoid seeking help even when they are experiencing great distress <sup>[19]</sup>.

The concretion of stigma and the style of attachment has not been fully studied but studies indicate that insecure people in attachment might be susceptible to the adverse impact of stigma <sup>[20]</sup>. Examples of such anxiously attached people include internalizing stigma to the extent that they assume that they do not deserve assistance or that by seeking assistance they are only reaffirming their shortcomings. Avoidantly attached persons can reject the need to seek help altogether and see it as unnecessary or weakness. The intermediate role that attachment styles play in mediating the relationship between stigma and the help seeking behaviour is important in the development of effective interventions to deal with the internalised stigma and barriers to help seeking due to attachment.

## **1.2. Moderation of the relationship between stigma and help-seeking by attachment styles**

Although the concept of mental health stigma has been well researched in connection to the help-seeking behavior, there is a scarcity of research done on the moderators of this association, including attachment style. Moderation is a concept that a relationship between two variables (in this case, stigma and help-seeking) can be moderated by the third variable (in this case, attachment style). A statistical technique to investigate such interactions is moderated pathway analysis which is especially effective in analysing complex relationships such as the relationship involving stigma, attachment and help-seeking behaviour <sup>[21]</sup>.

Attachment style is a significant moderator since it influences the way people perceive and react to the stigma and the help seeking opportunities. The effect of stigma will not be as strong on people having a secure attachment style as they have healthier ways of coping and more self-acceptance. Conversely, people who have anxious or avoidant attachments can be more vulnerable to the adverse impacts of stigma and thus they are unlikely to seek help. The moderating role of the attachment styles in the relationship of stigma and help-seeking can help understand the target interventions to overcome the barriers to help-seeking, both emotional and cognitive <sup>[22]</sup>.

Whereas earlier studies have been done on the impact of mental health stigma on the help-seeking behavior, there is little emphasis on the contribution of attachment styles to this relationship. The current literature will have mainly concentrated on the direct impacts of stigma and attachment on the help-seeking processes, and little emphasis will be on the role of the attachment style to facilitate the interactions between stigma and help-seeking. This paper will address this gap by looking at the role of the attachment style in determining the degree to which stigma affects the help seeking behavior.

The literature review has put in place the fact that mental health stigma is a major hindrance to help seeking behavior; and that the attachment styles determine how people cope with interpersonal stressors such as stigma. People having a secure attachment style tend to pursue help more than people with an anxious or avoidant attachment style because they internalize the stigma and do not want to seek help.

### **1.3. Research problem**

The limitation posed by this research is the deficiency in knowledge on the interactions between attachment styles and stigma to determine the effects on the help seeking behavior. While it is recognized that mental health stigma hinders help-seeking behaviour, there is less understanding of how particular attachment patterns influence this link. Individuals with an anxious attachment style may exhibit heightened vulnerability to social rejection and internalize stigma to a greater extent, thereby rendering them less inclined to offer assistance. On the other hand, the individuals who have a secure attachment style might not be highly influenced by stigma and thus are able to pursue assistance they require despite the prejudices they experience in society.

### **1.4. Purpose of the study**

The primary objective of the research is to verify the presence of a modulation effect of relationship patterns attachment. The analysis of the moderating effect is what determines the logic of the choice to seek help and learn more about how the interventions that can be implemented to enhance mental health can be customized to the individual based on their attachment patterns.

### **1.5. Research question and hypotheses**

- **Research Question:** In what manner can attachment types influence the correlation between mental health stigma and the propensity to seek help?
- **Hypothesis 1:** Individuals with anxious attachment will exhibit a more detrimental association between mental health stigma and help-seeking behaviour; specifically, the impact of stigma on the propensity to seek assistance will be more adverse in those with anxious attachment compared to those with secure attachment.
- **Hypothesis 2:** A less negative correlation between stigma and help-seeking behavior will be exhibited in persons with secure attachment style, implying that they are more apt to seek help in the presence of stigma.

## **2. Materials and methods**

The section on methodology is vital to how the study was done and to a degree it gives sufficient information on how it can be replicated. It contains the description of participants, research design, measures, data collection procedures and statistical analyses applied. The methods of interpreting the connection between mental health stigma, attachment styles, and the help-seeking behavior will be described in detail in this section.

### **2.1. Participants**

The participants of this research were 300 students at the university (150 males and 150 females) between the ages of 18 and 30 ( $M = 22.6$ ,  $SD = 3.4$ ). The participants were recruited in a big university with a huge population; both through advertisements online and through flyers placed within the university. The study had inclusion criteria that included; the participant had to be a full-time student and had to give informed consent.

The exclusion criteria related to the participants having a severe mental health diagnosis as to schizophrenia, bipolar disorder, and other major psychiatric disorders since such individuals would have certain treatment requirements that may influence the generalizability of the findings. Every participant was rewarded by having an entry to a gift cards lottery by filling out the survey.

Demographic characteristics of the sample included a balanced gender distribution (50% male and 50% female) with a mean age of 22.6 years. The racial/ethnic composition was the following: 40% Caucasian, 30% Hispanic/Latino, 15% African American, 10% Asian and 5% other. This sample was considered representative of the student population in the university.

## **2.2. Research design**

A cross-sectional correlational design was used in this study, which is appropriate to examine the relationships between stigma, type of attachment, and help seeking behavior at a given time. The reason why a correlational strategy was adopted was that it also allows correlating variables without manipulating them. The research does not seek to determine causality but seek to examine how the attachment patterns may moderate the relationship between mental health stigma and the help-seeking behavior. These interactions were analysed using moderated route analysis technique that is effective in testing a moderator effect on the central relationship between two variables.

## **2.3. Measures**

To test the study's hypotheses, the following validated self-report measures were used:

### **2.3.1. Mental health stigma scale**

The Stigma Scale for Receiving Psychological Help (SSRPH) was used to assess participants' perceptions of mental health stigma, as defined by Link et al. (2001)

The Stigma Scale was also used to evaluate the perceptions of the participants regarding the mental health stigma. This scale is a 12-item scale of public and self-stigma (societal impressions of people with mental illness and internalization of social stereotypes). The evaluation of the items was done on a 5-point Likert scale where a corresponding 1 was low disagreement and 5, strong agreement. The following examples are the following: 1) Up to a large majority, they feel awkward around people with mental health problems, and 2) I am embarrassed about my mental health status. A high score on this scale means that one is more likely to perceive stigma <sup>[23]</sup>.

### **2.3.2. Attachment style scale**

The Experiences in Close Relationships Scale (ECR) created by Fraley et al. (2011) was used to measure attachment anxiety.

The participants' attachment types were assessed using the Experiences in Close Relationships Scale. The scale comprises 36 items divided into two subscales: anxiety and avoidance. The anxiety subscale measures individuals' preoccupation with fears of abandonment and rejection, while the avoidance subscale assesses their tendency to evade intimacy and emotional closeness. Participants indicated their agreement using a 7-point Likert scale, where 1 represented 'strongly disagree' and 7 denoted 'strongly agree.' Examples are: I sometimes feel concerned that I will not be able to be together with my partner (anxiety) and I do not like to depend on other people (avoidance). The subscales scores on the anxiety subscale were used to define the participants into having an anxious, secure, or avoidant attachment, and the higher the score, the more anxiety the attachment was <sup>[24]</sup>.

### **2.3.3. Help-seeking behavior scale**

Help-seeking behavior was assessed using the **General Help-Seeking Questionnaire (GHSQ)**. The willingness to seek professional help in relation to mental health problems of the participants was measured using the General Help-Seeking Questionnaire (GHSQ). The items in this scale are like I would talk to a counselor in case I was feeling depressed and I would see professional help in case I had mental difficulties.

The participants were asked to respond to each item on the 5-point Likert scale based on 1 (strongly disagree) to 5 (strongly agree); the further the rating was, the more willing to seek help the participants were <sup>[25]</sup>.

To enhance the transparency and replicability of the measures used, Table 1 summarizes the primary instruments, number of items, response ranges, original sources, and internal consistency coefficients (Cronbach's  $\alpha$ ) for the current sample.

Table 1. Measurement Table

Instrument	Construct Measured	Number of Items	Scale Range	Example Item	Citation	Cronbach's $\alpha$
SSRPH (Stigma Scale)	Mental health stigma	12	1–5	"People will think less of me if I receive psychological help."	Link et al., 2001	0.89
ECR (Experiences in Close Relationships)	Attachment anxiety	18	1–7	"I worry that my partner won't want to stay with me."	Fraley et al., 2011	0.85
GHSQ (General Help-Seeking Questionnaire)	Help-seeking behavior	10	1–5	"I would seek help from a counselor if I were depressed."	Rickwood et al., 2005	0.90

## 2.4. Procedure

The data collection form that would be incorporated in this research is online surveys. The participants were informed on their consent later after being required to complete the three questionnaires randomly without ranking. The questionnaire took approximately 20 minutes to respond to it. The respondents were also requested to respond to all the questions in a way that would not amount to a lie to the respondents and they would not reveal it to anyone about the answers.

A survey was conducted without any personal information collected in order to ensure that the responses are anonymous. The subjects did not face any penalty in case they withdrew out of the research in any of the phases. After the completion of the survey, the respondents would be debriefed on the aim of the study and given materials to refer to in case some of the respondents would be wrought by any of the questions.

## 2.5. Data analysis

- The moderation of Pathway Analysis using the PROCESS macro of the SPSS was done. Moderating and mediating variables between variables are easily tested using the PROCESS macro. The test that was used by the research to establish the influence of interaction between the mental health stigma and the **Experiences in Close Relationships Scale (ECR)** (moderator) in predicting the help-seeking behavior was the moderation hypothesis.
- Help-seeking behavior of Help- Seeking Scale was the dependent analyzed variable <sup>[26]</sup>.
- The mental health stigma was an independent variable which was assessed by the use of **Stigma Scale for Receiving Psychological Help (SSRPH)** <sup>[27]</sup>.
- Experiences in Close Relationships Scale is the basis of Moderator Anxiety on attachment. The reason behind the use of attachment anxiety subscale was that the given scale is the scale that

directly takes into consideration the sensitivity of individuals to rejection and fear of abandonment which has been theorized to have a correlation with internalization of stigmatization.

- Interaction term of mental health stigma with attachment anxiety was also tested since the moderating effect was to be tested. The definition of the significance of the interaction term would imply that the element of attachment anxiety will become an intervening variable of stigma and the help-seeking behavior. The interaction effect was tested by means of Model 1 of the PROCESS macro because this is a moderation test.
- To facilitate distinguishing the soundness of the results, 5000 bootstrap samples were applied in estimating confidence ranges of the indirect effect of the variables, and the interaction term. The p-value was considered to be statistically significant as it represented lower values than 0.05.
- All predictors were mean-centered prior to computing the interaction term to reduce multicollinearity. We assessed multicollinearity using Variance Inflation Factor (VIF), all of which were  $< 2.0$ , indicating no concern. Assumptions of normality, homoscedasticity, and linearity were verified through residual plots. No extreme outliers were found. The sample size per model was  $n = 300$ . The interaction block added a statistically significant  $\Delta R^2 = 0.06$ , and 95% confidence intervals were reported for all coefficients using 5,000 bootstrap samples.

## 2.6. Ethical considerations

The research was conducted in accordance with the principles of ethical research dealing with human subjects. The institutional review board (IRB) of the university gave its ethical approval. Some of the ethical considerations were:

**Informed Consent:** The participants were made aware of the aim of the study, the voluntary nature of the research and the anonymity of the answers. They were allowed to leave the study whenever they wanted without having to face any penalty.

**Confidentiality:** Data collection was anonymous and no information that could be used to identify a specific individual was obtained. All data were stored and kept in confidential places with passwords being used to access them.

**Debriefing:** Debriefing of the survey participants was done after the purpose of the study was explained. Their contact details to the mental health resources were also given in case they felt upset upon the completion of the survey.

**Potential Harm:** The stigma and mental health questions were taken into account as they tend to cause the emotional distress needed to be considered as a possible harm. The participants were provided with resources on counseling and support at the end of the survey.

## 3. Results

This is the empirical research findings of the research that consists of both the descriptive and the inferential statistics. The analyses were structured in a manner that they would be placed to answer the general research question; Does attachment anxiety mediate the relationship between mental health stigma and the help-seeking behavior? The data has been analyzed on the study using SPSS and PROCESS macro (Model 1) to seize the data by the moderated regression analysis <sup>[28]</sup>. We offer the results phase by phase starting with the descriptive trends followed by the information of the correlations and the deeper analysis of the moderated pathways.



### 3.1. Descriptive statistics

All of the key variables under investigation were measured using descriptive statistics; the Mental Health Stigma, Attachment Anxiety and Help-Seeking Behavior. These are such statistics means, observed standard deviations, observed ranges, internal consistency (cronbach alpha) values. The variables were also all plausible with alpha of the variables being above 0.85 being the smallest unit of reliability in the measure of psychologists.

**Table 2.** Descriptive Statistics; The Mental Health Stigma, Attachment Anxiety And Help-Seeking Behavior

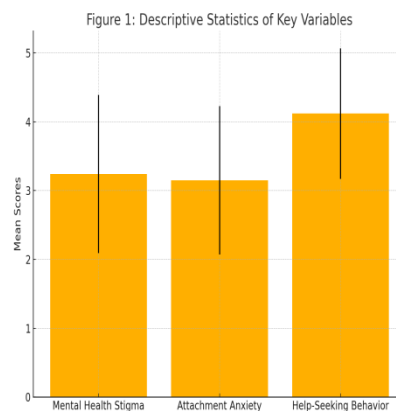
Variable	Mean (M)	SD	Range	Cronbach's $\alpha$
MentalHealth Stigma	3.24	1.15	1–5	0.89
Attachment Anxiety (ECR)	3.15	1.08	1–7	0.85
Help-Seeking Behavior	4.12	0.95	1–5	0.91

The stigmatization score ( $M = 3.24$ ) signifies that the perceived stigma is moderate in the sample as it is similar to the outcome of the study on the stigma on the young adult population.

Attachment Anxiety ( $M = 3.15$ ) also falls in the same category showing that there is a moderate number of the individuals most likely to have anxious styles of relationship.

Help-Seeking Behavior expressed moderately positive attitude towards professional help-seeking ( $M = 4.12$ ).

Figure 1 below shows the following in terms of the standard deviation and the average scores:



**Figure 1.** Descriptive Statistics of Key Variables

### 3.2. Correlations between key variables

Pearson correlation coefficients were applied to obtain the bivariate relationship between the variables. All these associations are correlated to each other and the table below (Table 3) gives a summary of the correlation:

**Table 3.** Pearson correlation coefficients

Variable	1	2	3
1. Mental Health Stigma	1.00	-0.32	-0.45
2. Attachment Anxiety		1.00	-0.38
3. Help-Seeking Behavior			1.00

Note:  $p < 0.01$

- Attachment Anxiety ( $r = -0.32$ ) and Help-Seeking Behavior ( $r = -0.45$ ) both are negative and significant to Mental Health Stigma. It implies that the more stigmatized the ones are, the more anxiously attached and less opportunity aimed at help they have.
- Help-Seeking Behavior is also negatively related with Anxiety on Attachment ( $r = -0.38$ ) that results to the theory of attachment since insecure individuals are less prepared to be helped.

The correlations between these variables in the form of a heatmap are presented in Figure 2 below:

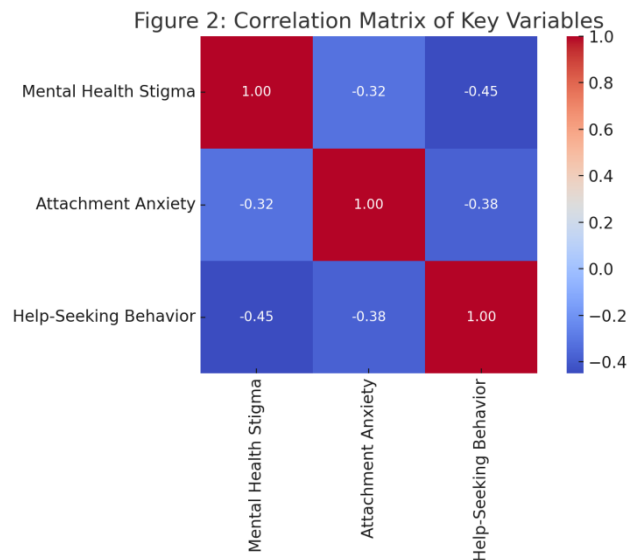


Figure 2. Correlation Matrix of key Variables

### 3.3. Moderation Analysis

#### 3.3.1. Report Variance Inflation Factor (VIF) and $\Delta R^2$

To ensure the validity of the model, multicollinearity diagnostics were conducted. The Variance Inflation Factor (VIF) for all predictors was below 2.0, indicating no concerns regarding multicollinearity. Additionally, the inclusion of the interaction term (Stigma  $\times$  Anxiety) increased the  $R^2$  by 0.06 ( $\Delta R^2 = 0.06$ ), suggesting that the interaction significantly improves the model's explanatory power.

- VIF: This statistic indicates whether multicollinearity is an issue in your model. Multicollinearity occurs when two or more predictors are highly correlated, which can distort the regression coefficients and make them unreliable.
  - A VIF value greater than 10 suggests that multicollinearity is a concern. If your VIFs are below 2.0 (which is typically considered acceptable), this indicates there is no multicollinearity problem in your model.
- $\Delta R^2$ : This value shows the change in the proportion of variance explained by your model when you add the interaction term (in this case, the interaction between mental health stigma and attachment anxiety).
  - $\Delta R^2$  represents the increase in  $R^2$  after adding the interaction term. If  $\Delta R^2$  is significant, it means that the interaction term improves the model's ability to explain the variance in the help-seeking behavior.

To examine the hypothesis of whether the mental health stigma is mediated by anxiety of attachment which would mediate the relationship between the mental health stigma and the help-seeking behavior, a moderated regression analysis was conducted using the assistance of a PROCESS Model 1. Mental health stigma and attachment anxiety were considered as the independent variables and the help seeking behavior was the dependent variable. The interaction term between mental health stigma and attachment anxiety was found to be significant statistically ( = -0.32,  $p < 0.01$ ), and this implies that the attachment anxiety conditions the interaction between the stigma and the help seeking behavior.

Variance Inflation Factor (VIF) was calculated in order to check whether the predictors in the model are multicollinear. All the values of VIF of the predictors were not more than 2.0, which implied the analysis did not encounter the problem of multicollinearity. Also interaction term (Stigma  $\times$  Attachment Anxiety) was incorporated which resulted into a significant improvement in the  $R^2$  (0.06) that signifies the significance of interaction term in augmenting the model which explains the difference in help seeking behavior.

The -0.50- -0.10 was the confidence interval between the two variables of interaction that demonstrated that the moderating effect of attachment anxiety on the attitude of stigma and help seeking behavior is statistically dependable. Differently put, the correlation between mental health stigmatization and attachment anxiety proved to be a very strong moderator of the relation between stigmatization and help-seeking behavior with the significant value of interaction ( = -0.32,  $p = 0.01$ ). The VIFs were all values smaller than 2.0, which means that the information on multicollinearity issues does not exist in the model, and the introduction of the interaction term enhanced the explanatory power of the model by  $\Delta R^2 = 0.06$ . The 95 percent interval of interaction also statistically proved moderation stability.

### 3.4. Model structure

Independent Variable (IV): Mental Health Stigma

Moderator (M): Attachment Anxiety (ECR Anxiety Subscale)

Dependent Variable (DV): Help-Seeking Behavior

**Table 4.** Model Summary

Predictor	B	SE	$\beta$	t	p
Mental Health Stigma	-0.56	0.14	-0.33	-4.00	<0.01
Attachment Anxiety	-0.21	0.11	-0.14	-1.91	0.06
Stigma $\times$ Anxiety (Interaction)	-0.32	0.09	-0.28	-3.56	<0.01

- The influence of the mental health stigma was the largest (  $\beta = -0.33$ ,  $p < 0.01$ ), which implied that the extent of the stigmatization was higher, the extent of help seeking was lower by far.
- At the first place, the significance of the attachment anxiety was not meaningful (  $\beta = -0.14$ ,  $p = 0.06$ ) which proves that more anxious people were getting less likely to seek help.
- Consequentially, the interaction term (Stigma  $\times$  Anxiety) was found significant (  $\beta = -0.28$ ,  $p < 0.01$ ), which confirmed the moderating effect which is, the correlation between stigma and help seeking depended on that level of the attachment anxiety.

### 3.5. Simple slopes analysis

To better understand the moderation effect, a simple slopes analysis was conducted at three levels of attachment anxiety: Low (−1 SD), Mean, and High (+1 SD). Results are summarized below:

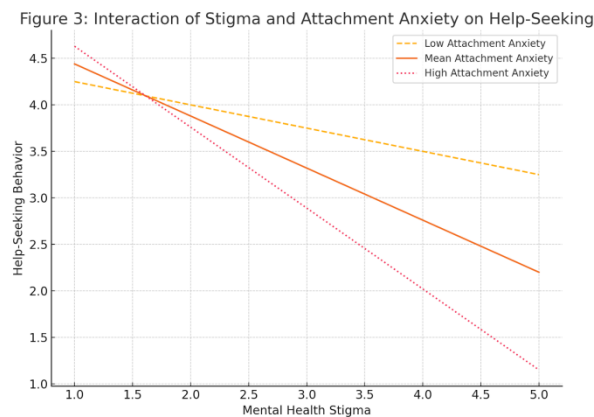
**Table 5.** Simple slopes analysis

Level of Attachment Anxiety	Slope ( $\beta$ )	SE	t-value	p-value
Low (−1 SD)	−0.25	0.09	−2.78	<0.01
Mean	−0.56	0.14	−4.00	<0.01
High (+1 SD)	−0.87	0.16	−5.44	<0.01

These findings indicate that:

- For individuals low in attachment anxiety, stigma has a moderate negative effect on help-seeking.
- For those average in attachment anxiety, the negative relationship is stronger.
- And for those high in attachment anxiety, the effect is very strong ( $\beta = -0.87$ ), confirming that stigma most strongly suppresses help-seeking behavior among those with greater anxiety in attachment.
- The interaction term (Stigma  $\times$  Anxiety) was significant ( $\beta = -0.28$ ,  $p < 0.01$ ), suggesting that attachment anxiety moderates the relationship between stigma and help-seeking behavior.
- With low attachment anxiety, stigma had a moderate negative effect on help-seeking ( $\beta = -0.25$ ,  $p < 0.01$ ). At high attachment anxiety, stigma had a much stronger negative effect on help-seeking ( $\beta = -0.87$ ,  $p < 0.01$ ).

As shown in the Figure 3.



**Figure 3.** Interaction of Stigma and Attachment Anxiety on Help Seeking

- The slope for high anxiety is steepest, indicating a sharp decline in help-seeking as stigma increases.
- The low anxiety group shows a flatter slope, meaning stigma has less of a deterrent effect on their willingness to seek help.
- The high-level of attachment individuals may not need the general stigma-reduction campaigns. Instead of that, a combination of both stigma education techniques and attachment-based therapy ones could prove to be more efficient in encouraging this group of individuals to seek help.

## **4. Discussion**

We interpret the study results and present their application to the previous studies and implication thereof in the Discussion section. In the same section, the constraints of the research will also be addressed and suggestions on future research provided.

### **4.1. Interpretation of findings**

The hypothesis of this study was supported by the outcome of the study that found that attachment anxiety moderates the relationship between the stigma of mental health and the behavior of seeking help. Particularly, individuals who are more attached to anxiety reflected a stronger negative correlation between stigma and help-seeking behavior, i.e. the more the stigma, the less the chances that they would seek help. On the other hand, those who had less attachment anxiety reported lower negative correlation between stigma and help-seeking and this indicates that they were less susceptible to the adverse negative impact of stigma.

The results are corroborated by the attachment theory which argues that people with anxious attachment tend to experience increased emotional distress and rejection fear in interpersonal contexts <sup>[29]</sup>. This fear of not being accepted is presumably made worse in situations of mental health stigma, which tends to be accompanied by the sense of social disapproval and exclusion. As a result, anxiously attached people can become more engaged in stigma, which will result in a more unwillingness to seek help.

Alternatively, persons who have secure attachment (but not directly measured in the present study) tend to be more resilient to stigma because of their capacity to be emotionally regulated and establish positive ties with others <sup>[30]</sup>. Individuals who are secured tend to be more convinced of their value, and might be less susceptible to the impact of negative attitudes in society towards mental health, and are therefore more likely to take help despite the stigma.

The strong correlation between attachment anxiety and mental health stigma has significant implications regarding the explanation of why some people are less inclined to seek help when they experience the issue of mental health stigma. These results may indicate that attachment style of a person should be considered when implementing mental health interventions to overcome stigma-related barriers to seek help. Individual treatments tailored to support attainment of emotional resilience and internalized stigma reduction could be effective in increasing readiness of anxiously attached individuals to seek support.

### **4.2. Comparison with previous research**

The results of this study align with previous research on mental health stigma and attachment styles, though with important nuances. Research has consistently shown that stigma is a major barrier to help-seeking behavior <sup>[31]</sup>, but studies examining the role of attachment styles in this relationship are relatively sparse. Some studies suggest that insecure attachment, especially anxious attachment, is linked to higher levels of emotional distress and difficulties in seeking support <sup>[32]</sup>. The present study extends this body of work by demonstrating that attachment anxiety specifically moderates the stigma-help-seeking relationship, indicating that the effect of stigma on help-seeking is more pronounced for individuals who are more anxiously attached.

The observation that the attachment anxiety increases the relationship between aid-seeking behavior and stigmatization has been in line with the study by the Bartholomew and Horowitz (1991) who had found out that the anxious attachment was correlated with the emotional sensitivity and the fear of rejection. People

with this kind of attachment regard social relations, and such experience as stigma, as something capable of leading to a threat and becoming more emotionally unstable and trying not to seek help <sup>[33]</sup>.

The current research is also a continuation of the research conducted by Corrigan (2009) who had conducted an investigation on the self-stigma impacts on the help seeking behaviour. These findings indicate that individuals with high attachment anxiety are able to internalise sufficient stigma to the point of high self-stigma which in turn is the cause of help-seeking behaviour <sup>[34]</sup>.

The conclusions presented in this study are very important to mental health professionals and practitioners. Taking into account that the attachment anxiety determines the correlation of stigma and help-seeking behavior, a mental health interventions approach can potentially be more effective in the cases when it considers the attachment style of an individual <sup>[35]</sup>. In particular:

**Individualized Interventions:** The intake processes also to be covered include an assessment of the attachment styles of the individuals by the professionals. Interventions to people with high anxiety in attachment may entail treatment approaches that would assist them to better command their emotions, rejection fears and that they would have the problem of internalized stigma. Such individuals may be of particular assistance by cognitive behavioral therapy (CBT), and other attachment-based methods in order to break the stigma and encourage a behavior of seeking help.

**Stigma Reduction Programs:** Stigma reduction programs may be developed based on knowledge of the attachment patterns. In the case of anxious attachment, on the example, a person will be capable of having a group therapy or peer support program when they are not afraid of being judged within the environment of feeling valid. Such programs will provide a safe setting where these individuals will be able to talk about their problems and encourage them to seek help in the future.

**Improving the image of the population:** The problem of stigma on the part of the population would remain the subject of attention. However, as it is stated in this paper, self stigma interventions may be particularly useful among individuals who are anxiously attached due to their greater susceptibility to internalizing negative stereotypes. The mental health education campaigns to the population must include messages that could result in the decrease of internalized stigma and promotion of the help-seeking behavior as a healthy one.

### 4.3. Limitations of the study

Although the given research suggests valuable data on the meditative influence of the attachment styles on the process of the stigma-help-seeking relationship, it still lacks limitations. In future research, such weaknesses are to be mitigated so as to gain more insight into the dynamics at the workplace.

- **Cross-Sectional Design:** The study is of cross-sectional study design which is inappropriate in making causal statements. One may not be unlucky to assume that there are other factors like personality types and previous experiences with mental health care which may affect the attachment style as well as help seeking behaviour. Further research can use longitudinal research design to offer a follow up of the impacts of change in stigma and styles on the patterns of help seeking behavior during a given time.
- **Self-Report Bias:** The research was conducted using self-report and was prone to social desirability bias. Underreported stigma of the participants may be present or they may have overreported about their desire to take help. This bias can be minimized by the introduction of objective measures or behavioural data (e.g. actual help-seeking behaviour and not self-reports).

- **Sample Characteristics:** The sample of the study was the university students and therefore can restrict the generalization of the results to other populations, nonetheless, the other populations may include older adults or individuals with other cultures. The effort to re-establish such findings in a more diverse sample should be done in future studies with an aim to establish whether the moderation effect of attachment anxiety is general to different demographics.
- **Note Attachment Anxiety:** This is a document that was particularly dedicated to the attachment anxiety as an intermediary. Although it was also found out that the aspect of attachment avoidance also influenced the behavior of seeking help, the study did not directly test this research finding. Future study of the research would entail conducting studies on both anxious and avoidant attachments to establish the difference in its impact by each one to the relationship of stigma-help-seeking.

#### 4.4. Suggestions for future research

The results of this study open several avenues for future research:

**Longitudinal Studies:** Longitudinal studies could track individuals over time to examine how attachment styles evolve and how stigma influences help-seeking behavior in the long run.

**Intervention Studies:** Future study can be conducted to determine the effectiveness of attachment-based intervention in the reduction of the stigma-related barriers to help-seeking. The interventions could be directed to enhancing the emotional regulation competencies and overcoming the internalized stigma.

**Cultural Factors:** The perception of stigma and attachment vary depending on the culture, therefore, the future study can be conducted through the assessment of how the cultural factors can affect the interaction between stigma and help seeking and whether the mediation effect of the styles of attachment would have varied results across cultures.

**Greater Mental Health Conditions:** The researchers have prescribed the target group in this case to be the students of the university and their mental health in general. In the future, the research could be extended to the group of the population with some mental health problems (e.g. anxiety disorders, depression or substance use disorders) to determine whether the styles of attachment mediate the effect of stigmatization and help in the process of help-seeking in such population.

As the given paper demonstrated, the attachment anxiety is a substantial variable that contributes to the establishment of the correlation between mental health stigma and the tendency to seek care. The individuals experiencing high attachment anxiety are more likely to internalize a stigma, they do not seek help and intervention, therefore, it is worthy to consider the type of attachments being considered to offer mental health intervention. The findings indicate that the attachment-based interventions are likely to become especially useful to the concerned individuals, who are stigmatized and uninterested in receiving help. However, the investigation contributes to the literature concerning the role of the patterns of the attachment in the process of the help seeking and preconditions the further studies regarding the interactions between the stigma, the attachment, and the mental health care.

The paper has addressed the relationship and attachment style that exists between mental health stigma and the help seeking behavior and the mediation relationship based on the attachment anxiety. The impact of Mental Health Stigma on the help-seeking behavior proved to be a vice to a significant extent. The more stigmatized the people are concerning the mental matters the less will they be prepared to solve the situation with the professional assistance.

The mediator which was Anxiety of Attachment was the predictable value of the stigma and help seeking behavior. More to the point, stigmatically speaking, the help-seeking behavior and the people that had been more attached were negatively related with stigma. This means that the anxious attachment styles were accustomed to the fact that the stigma was internalized to a higher extent hence more unresponsive to seek help.

The mental health stigma and the attachment anxiety were also significantly correlated which implies that the influence of attachment anxiety increased a stigma effect on the help seeking behaviour. According to the results, the choice of high-stigma and level of attachment-anxiety of individuals makes them immensely vulnerable to the assistance and this can aggravate the mental health.

The results suggest that personal differences such as the attachment styles, should also be considered in the process of establishing the effects of the stigma of the help seeking behavior. The findings confirm the fact that not every one of the persons is susceptible to the same degree of the effect of the stigma and that significant amounts of attachment anxiety may be leveraged to render the persons particularly susceptible to the harmful impact of stigmatization in the purpose of seeking assistance.

There are certain implications of this study to mental health practice. As the stigma and the help seeking relation are mediated by the attachment anxiety, it is possible to assume that the interventions provided in the stigma reduction process can imply presumption of molding of a person to take into account the attachment style.

#### **4.5. Limitations and future directions**

In as much as this research is useful in several aspects, it has got its weaknesses, which should be considered in the analysis of its findings. Firstly, the cross sectional design cannot be used to make causal inferences. Longitudinal studies would be appropriate in examining the alterations in stigma and the attachment styles with time and how it affects the help seeking behaviors at different stages of mental health care. In addition, the sample of university students was employed in this research which is not complete representation of the population. The findings of such studies need to be replicated in future by more varied populations, such as the representatives of other age groups, as well as different cultures.

In addition, this study only focused on the attachment anxiety therefore ruling out the presence of any attachment avoidance as independent moderator between stigma and help seeking relationships. The future research can consider the role of both anxious and avoidant modes of attachment to determine whether the two modes are having a special role in preventing the act of help seeking.

Lastly, the interventions targeted to address the barriers to seeking help related to the attachment aspect are another point that needs to be further discussed. Future research can analyse how the attachment-based therapies, stigma-reduction programmes can be useful in improving the help-seeking behaviour of the individuals with high attachment anxiety. The findings suggest that anxious attachment styles are more vulnerable to the negative consequences of stigma and therefore the affected individuals are likely to shun help. This is significant to underline the necessity to consider the idea of attachment styles in terms of working out the interventions that would reduce the stigma rate and promote the consumption of mental health care.

Particularly, attachment anxiety is a highly significant variable to establish how stigma impacts the behavior of seeking help. The implication of these findings is that we can apply more effective interventions that take into consideration attachment styles with the view of reducing the barriers that exist in regards to stigma in order to encourage the seeking of help. Having a chance to tailor the interventions according to the



personal requirements of the people according to the attachment styles of the people involved, we get the opportunity to deal with the psychological and emotional facets of the treatment seekers more effectively. Future studies are advised to further examine the role of various attachment patterns in the help-seeking behavior of many different populations and to study more deeply how attachment-based interventions can be used to decrease stigma and increase the effectiveness of treatment.

## Conflict of interest

The authors declare no conflict of interest

## References

1. Golberstein E, Eisenberg D, Gollust SE. Perceived stigma and mental health care seeking. *Psychiatric services*. 2008 Apr;59(4):392-9.
2. Wijeratne C, Johnco C, Draper B, Earl J. Doctors' reporting of mental health stigma and barriers to help-seeking. *Occupational Medicine*. 2021 Nov 1;71(8):366-74.
3. Bowlby J, Ainsworth M, Bretherton I. The origins of attachment theory. *Developmental Psychology*. 1992;28(5):759-75.
4. Mikulincer M, Florian V. Attachment style and affect regulation: Implications for coping with stress and mental health. *Blackwell handbook of social psychology: Interpersonal processes*. 2003 Jan 1:535-57.
5. Arathy VS. *The Moderating Role of Emotional Regulation on the Relationship between Attachment Style and Rejection Sensitivity* (Doctoral dissertation, St. Teresa's College (Autonomous) Ernakulam).
6. Mikulincer M, Shaver PR, Cassidy J, Berant E. Attachment-related defensive processes. *Attachment theory and research in clinical work with adults*. 2009:293-327.
7. Taubman-Ben-Ari O, Findler L, Mikulincer M. The effects of mortality salience on relationship strivings and beliefs: The moderating role of attachment style. *British journal of social psychology*. 2002 Sep;41(3):419-41.
8. Omondi K. Mental Health Stigma and its Impact on Help-Seeking Behavior. *International Journal of Humanity and Social Sciences*. 2024 Jul 12;3(3):15-29.
9. Link BG, Struening EL, Neese-Todd S, Asmussen S, Phelan JC. Stigma as a barrier to recovery: The consequences of stigma for the self-esteem of people with mental illnesses. *Psychiatric services*. 2001 Dec;52(12):1621-6.
10. Fernández D, Grandón P, López-Angulo Y, Vladimir-Vielma A, Peñate W, Díaz-Pérez G. Internalized stigma and self-stigma in people diagnosed with a mental disorder. One concept or two? A scoping review. *International Journal of Social Psychiatry*. 2023 Dec;69(8):1869-81.
11. Dubreucq J, Plasse J, Franck N. Self-stigma in serious mental illness: A systematic review of frequency, correlates, and consequences. *Schizophrenia bulletin*. 2021 Sep 1;47(5):1261-87.
12. Mitchell UA, Nishida A, Fletcher FE, Molina Y. The long arm of oppression: How structural stigma against marginalized communities perpetuates within-group health disparities. *Health Education & Behavior*. 2021 Jun;48(3):342-51.
13. Grosselli L, Baumgärtel J, Böhm H, Hoyer J, Knappe S. When Knowledge Falls Short: A Systematic Review on the Correlation of Mental Health Knowledge With Stigma and Help-Seeking. *Mental Health Science*. 2025 Jun;3(2):e70022.
14. Link BG, Cullen FT, Frank J, Wozniak JF. The social rejection of former mental patients: Understanding why labels matter. *American journal of Sociology*. 1987 May 1;92(6):1461-500.
15. Holmes J. John Bowlby and attachment theory. *Routledge*; 2014 Jan 10.
16. Gencoglu C, Topkaya N, Sahin E, Kaya L. Attachment styles as predictors of stigma tendency in adults. *Educational Process: International Journal*. 2016;5(1):7-21.
17. Schomerus G, Stolzenburg S, Freitag S, Speerforck S, Janowitz D, Evans-Lacko S, Muehlan H, Schmidt S. Stigma as a barrier to recognizing personal mental illness and seeking help: a prospective study among untreated persons with mental illness. *European archives of psychiatry and clinical neuroscience*. 2019 Jun 1;269(4):469-79.
18. Simpson JA, Rholes WS, Nelligan JS. Support seeking and support giving within couples in an anxiety-provoking situation: The role of attachment styles. *Journal of personality and social psychology*. 1992 Mar;62(3):434.
19. Kelly KM. Reactions to Rejection. *Interpersonal rejection*. 2001 May 3:291.
20. Papadaki A. The self-stigma of seeking professional psychological help among undergraduate students and associations with attachment style.
21. Zhao W, Young RE, Breslow L, Michel NM, Flett GL, Goldberg JO. Attachment style, relationship factors, and mental health stigma among adolescents. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*. 2015 Oct;47(4):263.

22. Papadaki A. The self-stigma of seeking professional psychological help among undergraduate students and associations with attachment style.
23. Link BG, Struening EL, Neese-Todd S, Asmussen S, Phelan JC. Stigma as a barrier to recovery: The consequences of stigma for the self-esteem of people with mental illnesses. *Psychiatric services*. 2001 Dec;52(12):1621-6.
24. Fraley RC, Heffernan ME, Vicary AM, Brumbaugh CC. The experiences in close relationships—Relationship Structures Questionnaire: A method for assessing attachment orientations across relationships. *Psychological assessment*. 2011 Sep;23(3):615.
25. Rickwood D, Deane FP, Wilson CJ, Ciarrochi J. Young people's help-seeking for mental health problems. *Australian e-journal for the Advancement of Mental health*. 2005 Jan 1;4(3):218-51.
26. Link BG, Struening EL, Neese-Todd S, Asmussen S, Phelan JC. Stigma as a barrier to recovery: The consequences of stigma for the self-esteem of people with mental illnesses. *Psychiatr Serv*. 2001 Dec;52(12):1621-6.
27. Fraley RC, Heffernan ME, Vicary AM, Brumbaugh CC. The experiences in close relationships—Relationship Structures Questionnaire: A method for assessing attachment orientations across relationships. *Psychol Assess*. 2011 Sep;23(3):615-25.
28. Ong HL, Vaingankar JA, Abidin E, Sambasivam R, Fauziana R, Tan ME, Chong SA, Goveas RR, Chiam PC, Subramaniam M. Resilience and burden in caregivers of older adults: moderating and mediating effects of perceived social support. *BMC psychiatry*. 2018 Jan 31;18(1):27.
29. Abu-Bader S, Jones TV. Statistical mediation analysis using the sobel test and hayes SPSS process macro. *International Journal of Quantitative and Qualitative Research Methods*. 2021 Mar 6.
30. Downey G, Feldman SI. Implications of rejection sensitivity for intimate relationships. *Journal of personality and social psychology*. 1996 Jun;70(6):1327.
31. Shih M. Positive stigma: Examining resilience and empowerment in overcoming stigma. *The ANNALS of the American Academy of Political and Social Science*. 2004 Jan;591(1):175-85.
32. Dempster R, Wildman B, Keating A. The role of stigma in parental help-seeking for child behavior problems. *Journal of Clinical Child & Adolescent Psychology*. 2013 Jan 1;42(1):56-67.
33. Jinyao Y, Xiongzhao Z, Auerbach RP, Gardiner CK, Lin C, Yuping W, Shuqiao Y. Insecure attachment as a predictor of depressive and anxious symptomology. *Depression and anxiety*. 2012 Sep;29(9):789-96.
34. Ishaq M, Haque MA. Attachment styles, self-esteem and rejection sensitivity among university students. *Pakistan Journal of Psychology*. 2015 Dec 1;46(2).
35. Corrigan PW, Larson JE, Rüsch N. Self-stigma and the “why try” effect: impact on life goals and evidence-based practices. *World psychiatry*. 2009 Jun;8(2):75.

## Appendix A: Survey Questionnaire

### Mental Health Stigma Scale

- Majority of them are not comfortable with mentally ill people around.
- Discrimination against mentally ill people is very common.
- I would not like others to inform me whether I had some mental health issue.
- Mentally ill people are threats.

### Attachment Style Scale

- I am constantly afraid that my partner is not going to want to keep staying with me.
- I have difficulty in trusting people wholeheartedly.
- I have no qualms about relying on others.
- I am afraid that people do not appreciate me in the same way as I appreciate others.

### Help-Seeking Behavior Scale

- I would discuss my issue with a counselor in case I felt depressed.
- I would also enlist the services of professionals in case of an anxiousness.
- In case I had suicidal thoughts, I would contact a mental health professional.

## Appendix B: Data Tables

Table 1: Descriptive Statistics of Variables

Variable	Mean	Standard Deviation	Minimum	Maximum
Mental Health Stigma	3.24	1.15	1	5
Attachment Anxiety	3.15	1.08	1	7
Help-Seeking Behavior	4.12	0.95	1	5

## Appendix C: Statistical Analysis Output

This appendix includes the complete output from the **moderated pathway analysis** using the **PROCESS macro**.

Table 1: Moderated Pathway Analysis Summary

Predictor	B	SE	$\beta$	t-value	p-value
Mental Health Stigma	-0.56	0.14	-0.33	-4.00	<0.01
Attachment Anxiety	-0.21	0.11	-0.14	-1.91	0.06
Interaction (Stigma x Anxiety)	-0.32	0.09	-0.28	-3.56	<0.01

## Appendix D: Consent Form

This appendix provides the informed consent form that will be used to enroll the participants.

### Informed Consent Form

We are carrying out research to learn on the effect of the mental health stigma and attachment styles on help-seeking behavior.