

Mental Health Help-Seeking Attitude and its Associated Factors among Chinese International University Students in Malaysia

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ABSTRACT

INTRODUCTION: Amid growing concerns about mental health in academic settings, especially among international students facing cross-cultural stress and stigma, understanding factors associated with mental health help-seeking attitudes is crucial for effective strategies. This study aimed to examine mental health help-seeking attitudes and associated factors among Chinese international university students in Malaysia. **MATERIALS AND METHODS:** A cross-sectional study was conducted from October 2024 to July 2025 among Chinese international students selected through convenience sampling. Data were collected using a questionnaire comprising socio-demographic characteristics, the Attitude Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF), the Language Proficiency subscale of the Revised Sociocultural Adaptation Scale (SCAS-R), the Self-Stigma of Seeking Help Scale (SSOSH-3), the Stigma Scale for Receiving Psychological Help (SSRPH), and the Multidimensional Scale of Perceived Social Support (MSPSS). Data were analysed using descriptive statistics and multiple linear regression. **RESULTS:** A total of 222 participants were analysed. The median help-seeking attitude score was 16.5 (IQR: 14-21). Self-stigma (adjusted $\beta=-0.550$, $p<0.001$) and students from health and life sciences field (vs. science and technology) (adjusted $\beta=-2.533$, $p=0.027$) were significant negative predictors, age (adjusted $\beta=0.148$, $p=0.030$) and social support (adjusted $\beta=0.072$, $p=0.011$) were significant positive predictors. **CONCLUSION:** Personal and environmental factors were associated with mental health help-seeking attitudes. Universities may improve attitudes by strengthening support systems. Future studies are recommended to further explore strategies to improve mental health help-seeking attitudes among international university students.

Keywords

Mental Health, Mental Health Help-seeking, Attitude, Chinese, International University Students

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INTRODUCTION

Mental health problems have become a highly prevalent public health concern, especially among university students.¹ Mental health problems among university students are widespread worldwide. In a large international survey involving 14,000 students across 19 universities in eight countries, 35% of the university students met the diagnostic criteria for at least one common mental health disorder. Furthermore, university students demonstrated 12.9% higher levels of depressive

symptoms than the general population.² University students are considered to be particularly vulnerable during the transition from high school to university, as they face the developmental challenges associated with emerging adulthood, placing them at heightened risk for mental health problems.³

As a distinct subgroup of university students, international university students face additional challenges, including

language barriers, social isolation, and difficulties with cross-cultural adjustment. Compared with domestic students, international students are more likely to experience stress and negative emotions, which may further increase their risk of mental health problems.⁴ Moreover, the mental health problems of international students show a relatively high degree of severity and lead to serious consequences. In a study among 42,428 domestic students and 2,423 international students in universities in the United States, international students were more likely to feel overwhelmingly depressed and report suicide attempts.⁵

Universities worldwide have introduced a wide range of mental health support services, including counselling services, healing sessions, peer support activities, group therapy and mindfulness-based approaches.⁶ However, despite the availability of these services, many students remain reluctant to seek professional help, even when experiencing serious mental health problems. Barriers to help-seeking appear to be particularly pronounced among international students, who demonstrate lower levels of mental health service utilisation and higher thresholds for seeking professional support.⁷ A study conducted in the United States reported a significant difference in mental health service utilisation rates between international students (32.0%) and domestic students (49.8%).⁸

Mental health help-seeking attitude refers to an individual's overall evaluation of seeking help from a mental health professional, which may influence the utilisation of professional mental health services among university students. Attitudes are considered predictors of behaviour and may influence both students currently experiencing mental health problems and those without current mental health problems.⁹ According to the Planned Behaviour Theory, behavioural intention is the most immediate determinant of actual behaviour, and intention is influenced by three key constructs: attitude toward the behaviour, subjective norms, and perceived behavioural control. Based on this theory, mental health help-seeking attitudes are important factors of help-seeking intention, which may subsequently influence the actual utilisation of mental health services.¹⁰ Prior studies

have identified several associated factors. For individual-level factors, stigma was a factor that many studies mentioned.¹¹ For social factors, social support also mentioned as an associated factor, as university students often prefer seeking informal support from family and friends than professional mental health help.¹² For cultural factors, cultural background and length of stay abroad may further affect international students' mental health help-seeking attitudes, with longer stays often leading to better adaptation.¹³

In recent decades, China has become one of the world's largest sources of international university students.¹⁴ Due to geographical proximity, cultural ties, and relatively affordable education, Malaysia has emerged as a key destination, hosting a rapidly growing population of Chinese international students.¹⁵ Despite their increasing presence, research on the mental health help-seeking attitudes of Chinese international students in Malaysia remains scarce. Existing studies have primarily focused on local students or international students in general, with insufficient empirical evidence specifically addressing Chinese international students as a distinct group.

To address this research gap, the present study aimed to understand the level of mental health help-seeking attitude and its associated factors among Chinese international university students in Malaysia. This study contributes to the existing literature by providing empirical evidence on mental health help-seeking attitudes and their associated factors among Chinese international university students in Malaysia, a population that remains underrepresented in current research. By identifying the roles of language proficiency, stigma-related factors, and social support, the study expands current understanding of the cultural and psychosocial determinants influencing help-seeking attitude among international students. The findings also provide practical implications for Malaysian universities and higher education institutions. Specifically, the results may assist universities in developing culturally sensitive mental health services and targeted intervention strategies to enhance the prevention, early identification, timely treatment, and recovery of mental health

problems among international students.¹⁶ Furthermore, this study offers a useful foundation for future researchers to conduct longitudinal, cross-cultural, and intervention-based studies on mental health help-seeking among international student populations.

MATERIALS AND METHODS

Study Design, Sampling Method and Selection Criteria

This cross-sectional study was conducted from October 2024 to July 2025 among Chinese international university students at a public university in Malaysia. Ethical approval and questionnaire preparation were completed in March 2025, and the pre-test was conducted in early April 2025. Data collection was conducted from April to May 2025, while data organization and statistical analyses were performed between June and July 2025.

The name list of Chinese international university students was not accessible due to the university's confidentiality policy regarding students' personal information. Therefore, considering the study timeline, accessibility, and resource constraints, a convenience sampling method was used to select the participants, which allowed efficient access to a defined population of Chinese international students.

The inclusion criteria were as follows: i) Students aged 18 years or above. ii) Students who had resided in Malaysia for more than three months to ensure sufficient exposure to the host country environment and university setting. Previous studies of international student adaptation suggest that the initial months after arrival are often characterized by acute transitional stress and early sociocultural adjustment, which may temporarily influence attitudes toward mental health help-seeking.¹⁷ Therefore, the three-month criterion was considered appropriate to avoid these potential confounding variables. iii) Students who were citizens of China with Chinese nationality. iv) Students whose primary place of residence before studying in Malaysia was China. The exclusion criteria were as follows: i) Students who are studying at the branch campus. ii) Students currently receiving treatment for a diagnosed mental illness.

Sample Size

The sample size was calculated using the formula for estimating a population mean proposed by Lwanga and Lemeshow (1991): $n = Z^2(1-\alpha/2) \times \sigma^2 / d^2$, with a significance level (α) of 0.05, a 95% confidence level ($Z_{(1-\alpha/2)} = 1.96$), and a desired precision (d) of 0.6, where the estimated standard deviation (σ) of 4.34 was derived from a previous study conducted among 113 Chinese international university students in the United States examining mental health help-seeking attitudes.¹⁸ $n = (1.96^2 \times 4.34^2) / 0.6^2 = 201$. Considering a 30% non-response rate, the required sample size of this study is $201 / (1 - 30\%) = 288$.

Study Instruments

The study instrument was a self-administered questionnaire developed in the English and consisted of five sections.

Section A collected socio-demographic information, including age, gender, field of study, academic level, marital status, and length of stay in Malaysia.

Section B utilised Attitude Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF) to assess mental health help-seeking attitudes among participants. The ATSPPH-SF is a 10-item scale, using a four-point Likert scale (0 = disagree, 3 = agree), with several reverse-scored items. Total scores range from 0 to 30, with higher scores indicating more positive help-seeking attitudes. The ATSPPH-SF comprises three dimensions, and a sum score above 20 across all 10 items, as well as a score above 10 on each dimension, indicates a positive mental health help-seeking attitude; otherwise, it reflects a negative attitude.¹⁹ The ATSPPH-SF has demonstrated good reliability (Cronbach's $\alpha = 0.86$) among university students,²⁰ along with strong test-retest reliability ($r = 0.84$) with a reported construct validity coefficient of 0.87.²¹

Section C employed the Language Proficiency subscale of the Revised Sociocultural Adaptation Scale (SCAS-R) to measure self-perceived language proficiency. The Language Proficiency subscale of the SCAS-R is a 2-item

subscale, using a 5-point Likert scale (1 = not at all competent, 5 = extremely competent). Higher scores reflect better language proficiency. A previous study among international university students reported strong reliability (Cronbach's $\alpha=0.90$) and satisfactory predictive and incremental validity.²²

Section D assessed both self-stigma and public stigma associated with mental health help-seeking. Self-stigma was measured using the ultra-brief version of Self-Stigma of Seeking Help Scale (SSOSH-3). The SSOSH-3 contains 3 items rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). Higher scores indicate greater self-stigma associated with help-seeking. The SSOSH-3 demonstrated good internal consistency (Cronbach's $\alpha=0.87$) and strong content validity (mean CVR=1.00; mean CVI>0.80).²³ Public stigma was measured by Stigma Scale for Receiving Psychological Help (SSRPH). The SSRPH is a 5-item measure using a 4-point Likert scale (0 = strongly disagree, 3 = strongly agree) to assess perceived public stigma. Higher scores indicate greater perceived stigma. The SSRPH showed good internal consistency (Cronbach's $\alpha=0.74$),²⁴ and good construct validity, with confirmatory factor analysis supporting a single-factor structure and excellent model fit ($\chi^2=6.8$, $df=5$, $p=0.24$; CFI=0.975; TLI=0.926; RMSEA=0.048).²⁵

Section E utilised the Multidimensional Scale of Perceived Social Support (MSPSS) to measure social support. The MSPSS is a 12-item instrument measuring perceived social support, using a 7-point Likert scale (1= very strongly disagree, 7= very strongly agree).²⁶ The MSPSS displayed excellent internal consistency (Cronbach's $\alpha=0.938$) and demonstrated good construct validity, with confirmatory factor analysis supporting the three-factor structure and showing acceptable to good model fit (RMSEA=0.08, 90% CI:0.07-0.09; CFI=0.97; TLI=0.96).²⁷

Prior to the main data collection, a pre-test was conducted among 21 Chinese international university students to assess the clarity, feasibility, and internal consistency of the questionnaire. The overall questionnaire demonstrated acceptable internal consistency (Cronbach's

$\alpha=0.742$). The Cronbach's α of ATSPPH-SF was 0.731, the Language Proficiency subscale of the SCAS-R was 0.728, SSOSH-3 was 0.970, SSRPH was 0.968, and MSPSS was 0.962.

Data Collection

Data were collected from April to May 2025 using self-administered paper-based questionnaires. The survey was conducted in the main library of the public university in Malaysia, a central study area frequently used by students. Participants were recruited using convenience sampling during regular academic hours. Chinese international students who appeared to meet the eligibility criteria were approached individually by the researcher and briefly informed about the purpose and procedures of the study. Before participation, students were provided with an information sheet explaining the study objectives, inclusion criteria, voluntary nature of participation, assurance of confidentiality, and the right to withdraw at any time without any consequences. Students who agreed to participate provided written informed consent before completing the questionnaire. The questionnaire was self-administered and completed anonymously in the library environment, and required approximately 10 minutes to complete. Completed questionnaires were returned directly to the researcher upon completion. A total of 288 questionnaires were distributed, of which 222 were fully completed and included in the final analysis, yielding a response rate of 77.1%. The data were used solely for research purposes and were kept strictly confidential, and only the research team had access to them.

Data Analysis

Data were analysed using IBM SPSS Statistics version 29.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics were used to summarise the data. Categorical variables were presented as frequencies and percentages, whereas continuous variables were expressed as medians and interquartile ranges (IQRs) due to their non-normal distribution. Variables with a p -value <0.25 in the simple linear regression analysis were entered into the multiple linear regression model to identify significant predictors, statistical significance was set as $p<0.05$, using a 95%

confidence interval. Prior to model interpretation, the assumptions of multiple linear regression were assessed, including normality of residuals, linearity, homoscedasticity, and absence of multicollinearity.

RESULTS

Characteristics of Participants

Table I presents the characteristics of the participants. A total of 288 students were invited to participate, and 222 completed and returned the questionnaires, yielding a response rate of 77.1%. Participants' median age was 25 years (interquartile range [IQR]: 23-27). More than half of the participants were female (57.7%). Academic disciplines were classified into three major fields based on the International Standard Classification of Education (ISCED).²⁸ Most participants (75.2%) were from the humanities and social sciences field. In addition, two-thirds of the participants were postgraduate students (66.7%), and the majority were single (59.0%). The participants' median length of stay was 17 months (IQR: 12-24). Meanwhile, the median language proficiency score was 8 (IQR: 6-9). The median self-stigma score was 9 (IQR: 6-13), and the median public stigma score was 8.5 (IQR: 4-12). The median score for perceived social support was 68 (IQR: 61-73). Moreover, the median mental health help-seeking attitude score was 16.5 (IQR: 14-21).

Table I: Descriptive characteristics of the participants (n = 222)

Variables	n (%)
Age (years old)	25 (23–27)*
Gender	
Male	94 (42.3)
Female	128 (57.7)
Field of study	
Science and technology	28 (12.6)
Humanities and social sciences	167 (75.2)
Health and life sciences	27 (12.2)
Academic level	
Undergraduate	74 (33.3)
Postgraduate	148 (66.7)
Marital status	
Single	131 (59.0)
Non-single	91 (41.0)
Length of stay (months)	17 (12–24)*
Language proficiency (Language Proficiency Subscale of the SCAS-R score)	8 (6–9)*
Self-stigma (SSOSH score)	9 (6–13)*
Public stigma (SSRPH score)	8.5 (4–12)*
Social support (MSPSS score)	68 (61–73)*
Mental health help-seeking attitude (ATSPPH-SF score)	16.5 (14–21)*

Note: *Median (IQR)

Predictors Contributing to Mental Health Help-Seeking Attitudes of Participants

Table II presents the results of the simple and multiple linear regression analyses examining the predictors of mental health help-seeking attitude among participants. In the simple linear regression analysis, gender ($p < 0.05$), students from the humanities and social sciences field compared with those from the science and technology field ($p < 0.05$), self-stigma ($p < 0.001$), public stigma ($p < 0.001$), and social support ($p < 0.05$) were significantly associated with mental health help-seeking attitude.

Table II: Results of simple and multiple linear regression analysis predictors of mental health help-seeking attitude

Variables	Simple Linear Regression		Multiple Linear regression		VIF
	Crude β (95% CI) ^a	p-value	Adjusted β (95% CI) ^b	p-value	
Age	0.100 (-0.026, 0.226)	0.12	0.148 (0.015, 0.281)	0.03*	1.492
Gender	Female vs. Male ^c	0.002*	0.112 (-1.080, 1.304)	0.853	1.487
Field of study	ref = Science and technology ^c				
	Humanities and social sciences ^c	0.031*	-0.706 (-2.287, 0.875)	0.380	1.996
	Health and life sciences ^c	0.143	-2.533 (-4.776, -0.289)	0.027*	2.304
Academic level	Undergraduate vs. Postgraduate ^c	0.223	0.409 (-0.810, 1.629)	0.509	1.417
Marital status	Single vs. Non-single ^c	0.393			
Length of stay		0.190	-0.021 (-0.071, 0.030)	0.420	1.184
Language proficiency		0.053	-0.018 (-0.375, 0.340)	0.923	1.449
Self-stigma		<0.001*	-0.550 (-0.832, -0.267)	<0.001*	4.356
Public stigma		<0.001*	-0.038 (-0.251, 0.175)	0.723	3.807
Social support		0.044*	0.072 (0.017, 0.127)	0.011*	1.250

Notes: VIF = variance inflation factor; ^aSimple linear regression; ^bMultiple linear regression; ^cThe reference category; $R^2=0.291$; $Adjusted R^2=0.257$; *significant at $p < 0.05$

In the multiple linear regression analysis, age was identified as a significant positive predictor of mental health help-seeking attitude. For each one-year increase in age, the help-seeking attitude score increased by 0.148 points (adjusted $\beta=0.148$, 95% CI: 0.015 to 0.281, $p=0.030$). Compared with students from the science and technology field (reference group), those from the health and life sciences field had significantly lower help-seeking attitude scores (adjusted $\beta=-2.533$, 95% CI: -4.776 to -0.289, $p=0.027$). Self-stigma was a significant negative predictor of help-seeking attitude. Each one-unit increase in self-stigma score was associated with a 0.550-point decrease in help-seeking attitude score (adjusted $\beta=-0.550$, 95% CI: -0.832 to -0.267, $p < 0.001$). Conversely,

social support was a significant positive predictor. Each one-unit increase in social support score was associated with a 0.072-point increase in help-seeking attitude score (adjusted $\beta=0.072$, 95% CI:0.017 to 0.127, $p=0.011$). The final model explained 29.1% of the variance in mental health help-seeking attitude ($R^2=0.291$), and 25.7% after adjustment for the number of predictors (*Adjusted* $R^2=0.257$). Collinearity diagnostics indicated no multicollinearity issues among the variables (all VIFs <5).

DISCUSSION

In this study, participants demonstrated less positive mental health help-seeking attitudes. Comparable findings have been reported among university students in Türkiye,⁶ and Malaysian university students, including both local and international students.²⁹ Developmentally, university students are at a transitional life stage characterized by increasing autonomy, independence, and identity formation. During this stage, seeking professional mental health services may be perceived as a sign of personal weakness, emotional instability, or reduced self-reliance.³⁰ These challenges may be further intensified among Chinese international university students studying in Malaysia. Besides academic pressures, international students are also required to adapt to a new sociocultural and educational environment while living away from their established family and social support systems. Many students may feel pressure to appear emotionally resilient and independent while studying abroad, particularly due to family expectations and financial investment associated with overseas education. Consequently, students may avoid expressing mental distress or seeking professional help to avoid worrying their families or being perceived as unable to cope with overseas life.³¹ Furthermore, the Malaysian multicultural environment may also influence students' attitudes toward mental health help-seeking. Malaysia comprises of diverse ethnic and religious groups, and perceptions of mental health problems may vary across cultural contexts.³² As a result, Chinese international students may experience uncertainty regarding how mental health issues are viewed within the local community and university environment. Limited interaction with local students, unfamiliarity with available

mental health services, and concerns about cross-cultural communication may further discourage professional help-seeking.

Nevertheless, some previous studies have reported more positive help-seeking attitudes, such as among international students in the United States.³³ Differences in the accessibility of mental health services may explain this discrepancy. Compared with developed countries where mental health awareness campaigns, counselling services, and psychological support systems are more openly promoted and normalized, international students in Malaysia may encounter fewer opportunities for open mental health discussions and less familiarity with professional psychological services.³⁴ These differences may influence students' help-seeking attitudes and their willingness to access professional mental health support.

Regarding the factors associated with mental health help-seeking attitudes in this study, greater self-stigma and students from the health and life sciences field compared with students from the science and technology field were the negative predictors, and older age and higher level of social support were the positive predictors of mental health help-seeking attitudes.

For age, the result is consistent with previous studies among students and public population.^{35,36} Previous studies have suggested that, as individuals grow older, they become more aware of mental health services.³⁷ Older individuals are also more likely to have had prior exposure to mental health services, which may reduce fear, uncertainty, or misconceptions regarding professional psychological help-seeking. University students are still in the stage of forming their personality and concepts. Compared with younger people, older individuals tend to have more established beliefs and attitudes. The different opinions of others have less influence on older people's decision-making, which also make older individuals more willing to seek professional mental health help.³⁸

For students from health and life sciences field compared with students from the science and technology field a

more negative mental health help-seeking attitude was observed. This finding differs from the common finding that students in health-related disciplines tend to demonstrate more positive attitudes. One possible explanation is that students from health-related disciplines may perceive themselves as having greater knowledge about mental health problems, which could lead to overconfidence in self-management and a reduced perceived need for professional mental health support.³⁹ Another explanation is that students in health-related fields may experience greater concern about professional image or career implications associated with mental health problems, which may discourage help-seeking attitudes.⁴⁰

For self-stigma, the result is consistent with findings reported among teachers and nursing students.^{24,41} In cultures that value autonomy and self-reliance, seeking professional mental health help may be perceived as a sign of weakness or personal failure.⁴² Individuals with high self-stigma often internalise such stereotypes, resulting in feelings of shame, embarrassment, and reluctance to seek mental health help.²⁴ Among Chinese international students, traditional cultural values may further strengthen the influence of self-stigma on help-seeking attitudes. In Chinese culture, the concept of “saving face” is highly valued, and mental health problems may be perceived as bringing shame not only to the individual but also to the family.⁴³ As a result, students may avoid disclosing emotional difficulties or seeking professional mental health help in order to maintain personal and family honour.⁴⁴ In addition, the host-country environment may also contribute to self-stigma and reluctance to seek professional help. Collectivist cultural norms are widely present within Malaysian society, where such norms encourage emotional restraint and endurance of personal distress rather than openly expressing mental problems.⁴⁵ As Chinese international university students adapt to the Malaysian sociocultural environment, they may become increasingly aware of the collectivist cultural norms that emphasise social harmony and concern for others' opinions. This may contribute to concerns about social judgement and loss of social image, thereby discouraging professional mental health help-seeking. Therefore,

universities may consider implementing culturally sensitive and inclusive mental health promotion strategies, such as establishing campus peer-support groups and support circles, allowing students with prior experiences of professional mental health service utilisation to share their experiences may help normalise help-seeking behaviours and improve mental health help-seeking attitudes among Chinese international university students in Malaysia.⁴⁶

For social support, the result is consistent with previous studies among both international students and university students.^{47,48} Individuals typically turn first to family, friends, or other social networks when facing mental health challenges. These networks can provide emotional comfort, share relevant information, and reduce mental health-related stigma, thereby making professional mental health help-seeking more acceptable.⁴⁹ According to the stress-buffering model, social support mitigates the negative effects of stress by providing emotional and practical resources. Support from friends, family, or significant others can lessen the emotional burden of stigma and normalise help-seeking behaviours, thereby increasing individuals' acceptance of and confidence in seeking professional psychological assistance.⁵⁰ Conversely, a contrasting study among older adults reported a negative association between social support and mental health help-seeking attitudes, suggesting that individuals with strong informal support may also rely on family or community networks instead of professional services.⁵¹ Therefore, universities should strengthen campus-based support systems while also emphasising the unique and irreplaceable role of professional mental health services. Strategies such as integrating mental health education into university orientation programmes and providing accessible counselling services may help improve mental health help-seeking attitudes among international students.⁵²

Despite yielding valuable insights, this study has several limitations. First, the use of convenience sampling restricts the generalizability of the findings. Second, the scope of the sample, restricted to Chinese international students at one of the public universities, may not represent the broader population of Chinese international

university students in Malaysia. Third, the use of an English-only questionnaire may still have introduced potential comprehension bias. Although all participants were required to provide proof of English proficiency equivalent to at least IELTS 6.0 prior to admission, as non-native English speakers, some participants may not have fully understood certain questionnaire items or expressions, which could have affected the accuracy of their responses. Fourth, social desirability bias may have influenced participants' responses to the questionnaire. Participants may have tended to provide socially acceptable answers, which could have resulted in underreporting of stigma and overreporting of positive help-seeking attitudes.

Based on the findings and limitations of this study, several directions for future research are recommended. Future studies could compare Chinese international students with international students from other cultural backgrounds to examine how cultural differences influence help-seeking attitudes. Qualitative studies are also recommended to obtain more in-depth perspectives. Moreover, future studies could evaluate the effectiveness of targeted interventions, such as bilingual mental health promotion programmes and campus-based peer-support initiatives, and examine how these interventions influence mental health help-seeking attitudes among Chinese international university students.

CONCLUSION

This cross-sectional study among Chinese international university students in Malaysia revealed generally less positive mental health help-seeking attitudes. Older age, lower self-stigma, and higher social support emerged as significant positive predictors of mental health help-seeking attitudes. In contrast, being a student from the health and life sciences field (compared with the science and technology field) was a significant negative predictor. These findings advance the understanding of mental health help-seeking attitudes among international student populations, highlighting the importance of both intrapersonal and contextual influences. From a practical perspective, the results suggest several targeted strategies: strengthening social support systems and improving

culturally responsive mental health services. Universities may also consider implementing early mental health screening and peer support networks to foster more positive attitudes toward seeking help.

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