

Attitude Toward Seeking Professional Psychological Help Among Secondary School Students of Kathmandu Metropolitan City

Nikita Tiwari¹, Vimla Sharma^{2*}

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¹Nepalgunj Nursing Campus, Nepalgunj Email: nikitateewari02@gmail.com
ORCID: <https://orcid.org/0009-0004-6706-9667>

²Nepalgunj Nursing Campus, Nepalgunj, IOM (TU), *Corresponding Author, Email: vimla.sharma.npj@gmail.com
ORCID: <https://orcid.org/0000-0001-5506-1327>

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ABSTRACT

Academic pressure, social expectations, and developmental transitions put secondary school adolescents at greater risk of mental health problems. Despite the recognized importance of professional psychological support, help-seeking rates remain low in many low- and middle-income countries, including Nepal. This descriptive cross-sectional study aimed to explore attitudes of secondary school students in Kathmandu Metropolitan City regarding taking professional psychological help. Cluster sampling was used to select a sample of 245 students in Grades 11 and 12 of the science faculty of a selected secondary school. A self-administered semi-structured questionnaire was used, including items from the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF) to collect data. Data were analysed by descriptive statistics using SPSS version 16. The results showed that 51.0% of the respondents had a negative attitude (scores < 15) and 49.0% had a positive attitude (scores ≥ 15) towards seeking professional psychological assistance. The nearly equal distribution of positive and negative attitudes shows a significant treatment gap, and a clear need for a mental health literacy program, stigma-reduction strategies, and enhanced counseling services in schools. The findings offer baseline data for educational authorities and mental health professionals who want to ensure that more and earlier help is sought by Nepal's adolescents in a more appropriate way.

Keywords: Adolescents, attitude, help-seeking behaviour, mental health, professional psychological help, secondary school students

INTRODUCTION

Adolescents in secondary school are in a period of rapid physical, cognitive, emotional, and social development. Adolescents face increased demands in school, changing peer relations, developmental identity and increased sensitivity to social assessment during adolescence (Gurung et al., 2020). These accumulated stressors increase the likelihood of getting the common mental health disorders such as depression, anxiety and stress related disorders. Mental health is a vital component of overall health;

even mild mental health disturbances can adversely affect academic performance, social functioning and lifelong development (World Health Organization [WHO], 2025).

Evidence from Nepal consistently shows there is a significant mental health burden among adolescents. A survey of Pokhara higher secondary students found 44.2% of the students showed depression symptoms (Bhattarai et al., 2020). In the same way, high school students in an urban municipality of Kathmandu were observed to have a higher prevalence of depression, anxiety and stress (Karki et al., 2022). Poor mental health has been

linked to lower academic performance, substance abuse, risk of interpersonal violence, and in the most severe cases, thoughts of suicide (Patel et al., 2007). These effects can be reduced if professional psychological help is provided in a timely manner, but formal mental health services are used very little among adolescents in Nepal.

Help-seeking behavior refers to "active attempts to get help for psychological distress. Adolescents often seek out informal supports from parents, teachers, and peers, but informal supports are not an appropriate replacement for the formal assessment, diagnosis, and intervention that can only be provided by trained mental health professionals (Sahin & Uyar, 2011). Attitudes toward seeking professional psychological help (ATSPPH) is an important proximal factor in actual help seeking. Negative attitudes, stemming from stigma, inadequate mental health literacy, the perceived lack of effectiveness of treatment, or cultural values that promote self-reliance, are key factors that impede uptake of services (Chen et al., 2020; Mojtabai et al., 2016).

Research across cultures shows there is a lot of variation in attitudes to help-seeking. The results of the National Comorbidity Survey in the United States found that about one-third had definite plans to seek professional help (Mojtabai et al., 2016). In related literature, several studies found that many students in Chinese universities preferred to use informal social networks rather than professional services, even though they were faced with suicidal ideation (Chan et al., 2020), as mentioned in the research. The helping attitude of college students in India has been found to be low overall, with a call for policy-level intervention (Shreevidya, 2020; Alee et al., 2025). Additionally, there are gender differences in attitudes, as seen in some Asian contexts where female students have more positive attitudes than male students (Qiu et al., 2024; Naik et al., 2024).

The treatment gap is high in Nepal. According to the Nepal Adolescents and Youth Survey, the ratio of adolescents who sought any support for their psychosocial problem was small, at 21.2% (Adhikari et al., 2016). Negative attitudes and stigma towards mental illness remain strong barriers. Recently, the mental health knowledge among students in secondary schools in government schools was found to be low and there was a high prevalence of misconceptions (Shrestha et al., 2023). In Lalitpur, more than half of the bachelor level students perceived high stigma towards mental illness, which

was found to be significant with lowered help seeking intentions (Chhetri & Bhandary, 2023). While a study conducted in 2025 among undergraduate students in Kathmandu revealed positive attitudes among 68.3% of students regarding psychological counseling (Prasai et al., 2025), research specifically focused on attitudes of secondary school students towards psychological counseling in the context of professional psychological counseling is limited.

Nepal's main urban and educational centre, Kathmandu Metropolitan City has a high and diverse adolescent population who are subjected to high levels of academic competition, urban stress and lifestyle pressures. It is critical to gain the perspective of secondary school students on attitudes for proper planning of contextually relevant interventions. The present study thus set out to examine the attitude of secondary school students of Kathmandu Metropolitan City towards seeking help from a professional psychotherapist.

The overall objective of this study was to examine the attitude of secondary school students of Kathmandu Metropolitan City towards seeking professional psychological help. The aim of the specific objective was to know the attitude of secondary school students towards getting professional psychological assistance (positive and negative).

Findings from this investigation generate baseline data on secondary school students' attitudes toward professional psychological services. The information can be used to guide the implementation of specific awareness initiatives, school counselling services and stigma prevention campaigns by educational authorities, school leadership and mental health providers. The findings also help in limited empirical literature on help-seeking attitudes among adolescents in the Nepali context, and can be taken as a benchmark for comparative or interventional studies in future.

This study seeks the answer of this research question: What is the level of attitude toward seeking professional psychological help among secondary school students of Kathmandu Metropolitan City?

REVIEW OF LITERATURE

A systematic examination of existing research reveals both commonalities and contextual variations in attitudes toward seeking professional psychological help across geographic regions and educational settings. This synthesis brings together some of the

more recent empirical research that has been undertaken, largely amongst student populations in Asia and other parts of the world.

Alee et al. (2025) carried out a cross-sectional study on 251 college students from India with the Fischer and Farina Attitudes Toward Seeking Professional Psychological Help Scale. The findings showed that there was a general tendency to avoid professional psychological assistance which suggests the need for further research on various groups of students. For the related Indian research, help-seeking orientation was evaluated in 60 college students, with the mean percentage score of 46.86% indicating low overall help-seeking orientation (Shreevidya, 2020). The authors of Naik et al. (2024) investigated stigma and help-seeking attitudes in 215 students at a health science institute in Karnataka, India. Males were found to be more positive in attitudes than females, and there was a negative correlation between perceived stigma and help-seeking attitudes.

Zafar et al. (2024) conducted a study in a stratified cluster sampling of 316 medical students in Karachi, Pakistan. The results indicated that around 56% of the respondents had a negative attitude towards mental health professionals seeking professional assistance for mental health problems, suggesting a significant task is ahead of them to change the attitudes of mental health stigma. In China, attitudes were measured in 912 community-dwelling adults in Wuhan, with generally negative orientations, calling for behaviour change and communication strategies to help decrease the stigma. In the study by Qiu et al. (2024), specifically, the ATSPPH-SF scores were significantly higher for females ($M = 15.64$) than for males ($M = 14.34$) among 3,596 medical students in China.

Further, Qutishat (2025) studied the attitudes of 601 female college students in Oman. These results indicated that 41.6% were Highly willing to seek help, 36.1% were Moderately willing to seek help and 22.2% were Lowly willing to seek help, highlighting the importance of open discussion and increased access to psychological support in educational institutions. For the students in college and university in Malaysia, Salim (2010) conducted a survey and discovered that 49.1% of the students had negative attitudes, 41.0% were neutral, and 9.3% had clearly positive attitudes. Overall, these studies provide evidence that negative or ambivalent attitudes are still widespread in many educational contexts in Asia, with positive attitudes more frequently found in some contexts.

In the Nepal context, research on help seeking attitudes has largely been conducted on undergraduate students and/or community samples. Prasai et al. (2025) conducted a study of the attitudes of 145 students enrolled at the undergraduate level in Kathmandu regarding psychological counseling and found that 68.3% of the students had positive attitudes while 31.7% of the students had negative attitudes. This is encouraging, but it only relates to counseling and isn't applicable to a wider range of professional psychological services to adolescents in secondary schools. Adhikari et al. (2016) conducted previous research on the Nepal Adolescents and Youth Survey data, which revealed a substantial treatment gap as only 21.2% adolescents with psychosocial problems took any kind of action for help. The research on stigma (Chhetri & Bhandary, 2023; Shrestha et al., 2023) also shows that negative attitudes about mental illness are very common among secondary and tertiary schools in Nepal.

Overall, the literature suggests that attitudes towards professional psychological assistance are culture-specific, education-related, gender-specific and experience-related. It is common for negative attitudes to exist in South Asian contexts and these are closely tied together with stigma and low levels of mental health literacy. There is a limited research base in Nepal specifically for secondary school students, and therefore, a clear impetus for the present investigation.

METGODOLOGY

Research design

A descriptive cross sectional research design using a quantitative approach was taken. This design was chosen because it allows the systematic measurement of attitudes at one time in a specified population and is suitable for establishing baseline estimates of positive or negative attitudes.

Study setting and population

The study was conducted at Kathmandu Model Secondary School, located in Bagbazar, Kathmandu. Founded in 2000, the institution is a reputed educational institute providing studies from Grade 11 to masters. The science faculty has about 2,100 students enrolled in Grade 11 and 1,800 students in Grade 12, a suitable sample for the study of urban secondary school adolescents. The population of the

study consisted of all the students of Grade 11 and 12 science faculty, who were available in the study period and agreed to participate.

Sample size and sampling technique

The sample size was calculated according to Yamane (1967) formula for finite population: $n = N / [1 + N(e)^2]$ which in this case $N = 3,900$ (approximate science-faculty enrollment) and $e = 0.10$ (10% margin of error). The first calculation gave a value of $n \sim 98$. The intra-cluster correlation was accounted for by using an EF of 2, which resulted in a sample of 196. A 10% non-response rate was allowed and the final sample size was determined to be 216. 245 students were actually asked to complete the questionnaire.

A cluster sampling technique was used in which sections of the classroom were used as clusters. The distribution of the five sections selected by random sampling (with replacement) is as follows: Grade 11 Section D14 ($n = 49$); Grade 11 Section D12 ($n = 51$); Grade 11 Section D ($n = 50$); Grade 12 Section D16 ($n = 48$); Grade 12 Section D12 ($n = 47$). Students in the chosen sections who met the inclusion criteria were all invited to participate.

Inclusion criteria

Eligible for inclusion were the students who were in Grade 11 or 12 who were willing to give informed assent and whose parents had provided informed consent in writing.

Instruments

A semi-structured, self-administered questionnaire consisting of two parts was used. Socio-demographic data (age, sex, grade, type of family, parental education, and job) and health- and psychosocial-related data (presence of chronic illness, mental and emotional well-being, recurrent stress or anxiety in last six months, and coping strategies) were collected in Part I. The Attitudes Toward Seeking Professional Psychological Help Scale – Short Form (ATSPPH-SF) by Fischer and Farina (1995) was used in part II.

The ATSPPH-SF is a 10-item self-report scale on a 4-point Likert scale (0 = disagree, 1 = partly disagree, 2 = partly agree, 3 = agree). Items 2, 4, 8, 9, and 10 are reverse-scored. The maximum score for total is 30, and scores above this are considered more positive attitudes. According to the categorization used by Prasai et al. (2025), the scores of 15 or above

were considered as positive attitude whereas the scores below 15 were considered as negative attitude. It is broadly used for international research and it can be downloaded for academic research without cost.

Validity and pretesting

Semi-structured questionnaire was constructed with high content validity which was determined based on intensive literature search, input from the research advisor, subject matter experts and peer input. The instrument was pretested on 10% of the calculated sample size on a similar population of secondary school students in Nightingale International Boarding Secondary School, Kupondole, Lalitpur. Some minor changes in the wording to improve clarity and cultural appropriateness were based on pre-test feedback.

Ethical considerations

The formal administrative permission was taken from the Research Management Cell of Nepalgunj Nursing Campus and from the administration of Kathmandu Model Secondary school. Parents coordinated with the school principal to obtain written informed consent and written informed assent were obtained from all student participants. Participants were given the assurance of confidentiality, informed that they could withdraw at any time without repercussions, and informed of the purpose of the study. This is an open access tool, and there are no licensing fees for academic research with ATSPPH-SF. All data was kept in a secure manner and only used for research purposes.

Data collection procedure

Data were gathered during 2 weeks. With parents' consent, the researcher explained the purpose of the study to students in each of the selected sections, handed out the questionnaire and was on hand to respond to questions. Each respondent took around 20–30 minutes to complete. Completed questionnaires were checked for fullness prior to safe keeping.

Data analysis

The data collected were entered into the Microsoft Excel 2019 spreadsheet and analyzed by Statistical Package for the Social Sciences (SPSS) software version 16. Frequencies, percentages, means,

medians, interquartile ranges and standard deviations were calculated for socio-demographic characteristics, health- and psychosocial variables, item-level responses to the ATSPPH-SF, and total attitude scores.

RESULTS

There were 245 secondary school students (SS) who participated in the study. The findings are organized in four parts, one for each of the socio-demographic characteristics, health and psychosocial variables, item-level responses on the ATSPPH-SF, and overall attitude levels.

Socio-demographic characteristics

Socio-demographic profile of the respondents is summarized in Table 1. More than half of the participants (56.7%, $n = 139$) were aged 16 years or younger; the median age was 16 years (IQR = 1; range = 14–20). The majority were male (62.8%, $n = 153$), followed by female (36.7%, $n = 90$) and other gender identities (0.8%, $n = 2$). Grade 11 students constituted 61.2% ($n = 150$) of the sample, and Grade 12 students constituted 38.8% ($n = 95$). The majority of people (75.9%, $n = 186$) resided in nuclear families. In terms of parental education, 67.3% of fathers and 49.8% of mothers had attended education beyond high school. Service was the most common paternal occupation (47.8%) and homemaker was the most common maternal occupation (44.1%).

Table 1
Socio-Demographic Characteristics of Respondents (N = 245)

Variable	Number	Percent
Age (completed years)		
≤16	139	56.7
>16	106	43.3
Median (IQR) = 16 (1); Min = 14; Max = 20		
Sex		
Female	90	36.7
Male	153	62.8
Others	2	0.8
Grade		
11	150	61.2
12	95	38.8

Type of family		
Nuclear	186	75.9
Joint	59	24.1
Father's educational level (n = 244)		
No education	3	1.2
Basic education	20	8.2
Secondary education	56	22.9
More than secondary	165	67.3
Mother's educational level (n = 244)		
No education	13	5.3
Basic education	39	15.9
Secondary education	70	28.6
More than secondary	122	49.8
Father's occupation		
Agriculture	15	6.1
Business	97	39.6
Service	117	47.8
Homemaker	6	2.4
Others (foreign employment)	9	3.7
Mother's occupation		
Agriculture	7	2.9
Business	43	17.6
Service	84	34.3
Homemaker	108	44.1
Others (foreign employment)	2	0.8

Note. Percentages may not total 100 due to rounding. IQR = interquartile range.

Health and psychosocial variables

Table 2 presents health and psychosocial characteristics. Almost all respondents (96.3%, $n = 230$) indicated that they did not have a chronic physical illness. Most (62.0%, $n = 152$) reported that their mental and emotional health was generally

good, and 38.0% (n = 93) reported it was not good. The most common problems experienced by those answering suboptimal well-being were trouble concentrating or studying (23.3% of the sample), feeling stressed or worried (8.9%) and trouble sleeping (5.8%). Over half of the respondents (59.2%, n = 145) had suffered at least one episode of stress or anxiety in the last half year. Only 36.3% (n = 89) said that they engaged in any coping strategies; meditation was the most common activity mentioned by those who used a coping strategy (14.7%). The most common responses for engaging in stress-management activities were “sometimes” (34.7%) and “rarely” (29.4%).

Table 2
Health and Psychosocial Variables of Respondents (N = 245)

Variable	Number	Percent
Chronic illness		
Yes	9	3.7
No	230	96.3
Mental and emotional well-being generally good		
Yes	152	62.0
No	93	38.0
Difficulties affecting well-being (among those reporting “No”; n = 93)		
Feeling stressed or worried	22	8.9
Trouble concentrating or studying	57	23.3
Trouble sleeping	14	5.8
Experienced recurrent stress or anxiety in past 6 months		
Yes	145	59.2
No	100	40.8
Used any strategies to cope with stress in past 6 months		
Yes	89	36.3
No	156	63.7
Type of coping activities (among those who used strategies; n = 89)		

Being busy	24	9.8
Exercising	12	4.9
Meditation	36	14.7
Music	17	6.9

Frequency of engagement in stress-management activities

Never	36	14.7
Rarely	72	29.4
Sometimes	85	34.7
Often	40	16.3
Always	12	4.9

Note. Percentages for subcategories of difficulties and coping activities are calculated relative to the total sample (N = 245) unless otherwise indicated.

Item-level responses on the ATSPPH-SF

The results of each of the 10 ATSPPH-SF items are reported in Table 3. On the positively worded question “If I suspected I had a mental breakdown I would first seek professional help” 42.4% partially agreed and 15.1% agreed. Almost half of respondents (49.0%) disagreed with the negatively worded statement that talking to a psychologist appears to be a bad way to work out emotional disagreements. 43.7% agreed and 27.8% partially agreed that they had confidence in psychotherapy when dealing with a serious emotional crisis. A significant percentage (36.7%) thought it to be good to deal with conflict and fear without professional assistance. If they were worried or upset for a long period of time, 38.0% will seek psychological help and 33.5% will take some psychological help. Some (34.7%) agreed that they may need psychological counselling at some time in the future, but not completely. Items regarding the relative effectiveness of professional assistance to self-reliance, the utility of psychotherapy compared to money and time, and the belief that problems will work themselves out had a more balanced number of responses along the four response alternatives, suggesting ambivalence for a substantial minority of students.

Table 3

Respondents' Responses on the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (N = 245)

Statement	Disagree n (%)	Partly Disagree n (%)	Partly Agree n (%)	Agree n (%)
If I thought I was having a mental breakdown, I would first seek professional help.	74 (30.2)	30 (12.2)	104 (42.4)	37 (15.1)
Talking to a psychologist seems like a poor way to resolve emotional conflicts.*	120 (49.0)	35 (14.3)	49 (20.0)	41 (16.7)
If I had a serious emotional crisis, I would trust psychotherapy to help.	43 (17.6)	27 (11.0)	107 (43.7)	68 (27.8)
It is admirable to handle conflicts and fears without professional help.*	37 (15.1)	28 (11.4)	89 (36.3)	90 (36.7)
I would seek psychological help if I stayed worried or upset for a long time.	51 (20.8)	19 (7.8)	82 (33.5)	93 (38.0)
I might want to have psychological counseling in the future.	83 (33.9)	29 (11.8)	85 (34.7)	48 (19.6)
Emotional problems are more likely to be solved with professional help than alone.	43 (17.6)	49 (20.0)	91 (37.1)	62 (25.3)
Considering the time and expense involved in psychotherapy, it may have doubtful value for me.*	63 (25.7)	49 (20.0)	84 (34.3)	49 (20.0)

People should solve their own problems; counseling should be a last resort.*	44 (18.0)	37 (15.1)	95 (38.8)	69 (28.2)
Personal and emotional problems usually resolve on their own.*	59 (24.1)	41 (16.7)	84 (34.3)	61 (24.9)

Note. * denotes reverse-scored (negative) statements. Percentages may not total 100 due to rounding.

Overall level of attitude

As shown in Table 4, more than half of the respondents (51.0%, n = 125) demonstrated a negative attitude toward seeking professional psychological help (total score < 15), while 49.0% (n = 120) demonstrated a positive attitude (total score ≥ 15). The near-even split indicates that, although a substantial minority of students hold favorable views, negative attitudes remain the modal orientation within this secondary school population.

Table 4

Level of Attitude Toward Seeking Professional Psychological Help (N = 245)

Level of Attitude	Number	Percent
Negative attitude (score < 15)	125	51.0
Positive attitude (score ≥ 15)	120	49.0
Total	245	100.0

Note. Scoring interpretation follows Prasai et al. (2025). Maximum possible score on the ATSPPH-SF is 30.

DISCUSSION

This study evaluated attitudes towards professional psychological help among 245 secondary school students in Kathmandu Metropolitan City. The nearly even distribution of respondents's attitudes (51.0% negative vs. 49.0% positive) is a troubling one. Negative attitudes are somewhat more common, indicating that a significant number of adolescents persist in having negative attitudes toward the use of

professional psychological services in this urban educational context.

The findings are similar to those in other South Asian contexts. In Karachi, 56% of medical students had negative attitudes to seeking professional help (Zafar et al., 2024) which is a similar proportion as seen in the present sample (51%). Similarly, Alee et al. (2025) reported a general lack of interest among college students from India with mean ATSPPH scores around the middle of the scale. The consistency of the findings across Nepal, Pakistan, and India suggests that there are common cultural influences, such as enduring stigma associated with mental illness, a cultural focus on self-reliance and family-oriented problem-solving, and inadequate public mental health knowledge, that can be explored as factors that influence attitudes towards mental illness among adolescents and young-adults across the region.

However, other research in some other contexts has shown more positive orientations. The study of Abdelmonaem et al. (2024) revealed positive attitudes for 95.2% of the internship nursing students in Egypt, while Qutishat (2025) noted that 41.6% of Omani female college students had high attitude to seek help. Some of this discrepancy can be attributed to variations in the composition of the samples (health-science students versus general secondary students), the national mental health system and the level of anti-stigma campaigns. However, when the emphasis was on psychological counseling, Prasai et al. (2025) found a greater prevalence of positive attitudes (68.3%) among undergraduate students in Kathmandu, within Nepal. The slightly lower positive rate in the current secondary school sample could be due to developmental differences, less mental health content in secondary school curricula or less detail in the operationalization of “professional help” and “counseling.”

Additional insight into the nature of students' ambivalence is provided by item level analysis. A substantial minority of the respondents approved of the idea that it is honorable to solve problems without the aid of a professional and that counseling should be used as a last resort while many were willing to seek counsel when they break down, experience prolonged distress. The pattern implies that there are residual cultural norms that encourage self-reliance, while also maintaining positive behavioral intentions. The high percentage of "partly agree" responses for several items also suggests that students have not

developed very polarized attitudes and are thus more likely to be open to specific education interventions.

The attitude results are analyzed with socio-demographic and psycho-social results. It is notable that the majority of the respondents were male (62.8%) as international evidence indicates that males tend to have less favourable attitudes towards seeking help than females (Qiu et al., 2024). More than half sample (59%) experienced recurrent stress or anxiety within the last six months, but only roughly one-third used any formal or informal coping strategies. The disparity between perceived distress and coping behaviour highlights the value of developing positive attitudes, as well as action-oriented help-seeking strategies.

Limitations

The study was limited to a single private secondary school in Kathmandu and the study population comprised of science faculty students; the results may not be applicable to other streams, government schools, and non-urban areas. Self-report information can be subject to social-desirability bias, especially when it comes to a sensitive issue like mental health. This cross-sectional study does not allow causal inferences about the causes of attitudes. Lastly, the dichotomous cut-off point used for scoring (score ≥ 15 and score < 15) was generally similar to previous Nepali studies but quite coarse, and may not capture the nuances in attitude intensity.

CONCLUSION

Negative attitude towards professional psychological help was found in the majority of 51.0% of secondary school students in Kathmandu Metropolitan City. Slightly less than half (49.0%) of the secondary school students in Kathmandu Metropolitan City had positive attitude towards seeking professional psychological help. In this, almost equal distribution, against a background of high levels of self-reported stress and low levels of coping, there is both a persistent problem with accessing mental health services and an opportunity for intervention. Schools, practitioners, and mental health organizations need to focus on creating and spreading evidence-informed programs that improve mental health literacy, decrease mental health stigma, and encourage early help-seeking among adolescents.

Implications and recommendations

The findings have a number of practical implications. Rather, regular mental health awareness and psychoeducation sessions should be incorporated into the curriculum or in the extra-curricular programming of first and secondary schools in Kathmandu Metropolitan City, and as a result, other urban education institutes in Nepal. These sessions may help to demystify psychological services offered by professionals, to correct misconceptions, and to normalize the process of asking for help as a way of being strong. Second, school-based services should be enhanced, by employing trained mental health practitioners, ensuring confidentiality, and providing easy and youth-friendly referral systems. Thirdly, parent-engagement activities may help to shape family attitudes around evidence-based understandings of mental health to minimize potential family barriers to seeking help.

Further studies should use large multi-site samples of students from a range of academic streams, school types (government and private) and geographic areas. Mixed-methods designs might be used to reveal the qualitative aspects of attitude formation and longitudinal designs could be used to measure attitude changes after specific interventions. An analysis of the socio-demographic variables, mental health exposure, and help-seeking attitudes would provide further refinement of targeting prevention programs.

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