

Research Paper

E-Mental Health Awareness and Mental Health Help-Seeking Behavior in Persons with Disabilities: The Mediating Role of Unfavorable Treatment Perception

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ABSTRACT

Background: Persons with disabilities face significant discrepancies in accessing healthcare services and are less likely to seek professional help due to various barriers, including unfavorable treatment perception. However, e-mental health awareness has emerged as a potential facilitator of help seeking behavior, yet the mechanism through which e-mental health services influences help seeking behavior remains poorly understood. **Objective:** Guided by the health belief model, the present study aimed to examine unfavorable treatment perception as a mediator between e-mental health awareness and help seeking behavior among persons with disabilities. **Methods:** The present study has employed a cross-sectional research design with 300 persons with disabilities recruited through both offline and online mode from registered institutes and NGOs working for persons with disabilities. **Results:** The findings of the study revealed that e-mental health awareness was positively related to help seeking behavior ($r = .177, p = .002$) and negatively related to unfavorable treatment perception ($r = -.260, p = <.001$). On the hand un-favorable treatment perception was negatively related to help seeking behavior ($r = -.488, p < .001$). Furthermore, mediation analysis revealed a significant indirect effect of e-mental health awareness on help seeking behavior through unfavorable treatment perception ($\beta = 0.052, p = .011$), indicating a case of partial mediation. The direct effect also remained significant ($\beta = 0.077, p = .035$) and the total effect was also significant ($\beta = 0.129, p = .002$). **Conclusions:** From the findings of the study, it was concluded that e-mental health awareness promoted help seeking behavior both directly and indirectly by reducing unfavorable treatment perceptions. These findings further suggest that interventions programs using e-mental health services to address stigma and negative treatment perceptions may be effective in improving help seeking behavior or service utilization among persons with disabilities.

Keywords: *Persons with Disabilities, Unfavorable Treatment Perception, E-Mental Health Awareness, Help Seeking Behavior, Mediation, Health Belief Model*

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Persons with disabilities comprise an important and one of the vulnerable sections of global population. As per World Health Organization [WHO], (2011), more than 1 billion people around the world live with some form of disability and majority of whom experience barriers in accessing basic facilities and services such as proper health care. In developing countries such as India, persons with disabilities experience double disadvantage due to poverty, lack of infrastructure, inadequate health systems thereby adding to their vulnerability (Mitra et al., 2013; Lakshmana & Maruth, 2018).

Recent research has suggested that persons with disabilities are at higher risk of developing mental health related issues than the general population (Cree et al., 2020). In-fact studies have reported that mental health conditions such as depression, anxiety, psychological distress, and reduced well-being are more prevalent among persons with physical and sensory (Turner & Beiser, 1990; Kessler et al., 2005; Shen et al., 2017). Factors such as chronic pain, social exclusion, discrimination, functional limitations and dependence on others make these conditions worse among this population (Jensen et al., 2011). Despite these concerns, mental health among persons with disabilities still remains a less addressed topic within the healthcare systems. Although persons with disabilities experience higher levels of mental health issues (Narsimulu, 2016), even more than the general population (Cree et al., 2020), however their mental health help seeking behavior remains substantially low (Heaslip, 2016; Dillon et al., 2020). These low levels of help seeking behavior highlight the gap between the presence of mental health issues and actual help seeking behavior (Gulliver et al., 2010). Help seeking behavior, an active process of seeking assistance from either formal or informal sources, is an important determinant of recovery and wellbeing (Rickwood et al., 2005; Johnson & Menna 2017; Unrau & Grinnell, 2005). However, persons with disabilities frequently delay, avoid or altogether refrain from seeking professional help, even if the services are available (Schout et al., 2011; Ferguson et al., 2011; WHO & World Bank, 2011; Hashemi et al., 2022; Umucu et al., 2025).

There are a number of barriers that restrict the help seeking behavior, one such barrier is unfavorable treatment perception. Unfavorable treatment perception are basically negative perceptions about the mental health treatment services (Pepin et al., 2015). These perceptions consist of a number of beliefs and attitudes, including stigma and skepticism about the effectiveness of treatment which often leads to fear of judgement, concerns related to confidentiality, reluctance to disclose one psychological distress and internalized shame (Corrigan, 2004) and expectations of negative experiences with healthcare providers (Atnafu et al., 2025). Apart from these, structural barriers such as lack of disable friendly services, geographical issues, transportation difficulties, financial constraints also limit the service use (Lezzoni, 2011) among persons with disabilities. These factors taken together create a complex web of psychological, social and systematic obstacles that hinder mental health help seeking behavior among persons with disabilities.

In the recent years, the increased e-mental health services into healthcare have emerged as a promising tool for addressing the barriers to mental health help seeking. E-mental health services such as mental health apps, tele-counseling help line numbers and other digital platforms have the capability to improve accessibility, anonymity and convenience for mental health support (Neary et al., 2018; Li et al., 2023). For persons with disabilities, e-mental health services can reduce physical and geographical barriers, minimize stigma through private and self-guided interventions and provide tailored mental health information and services (Naslund et al., 2016). E-mental health-based intervention may also empower

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the individuals by increasing mental health literacy and fostering early or timely help seeking behavior. Despite this, literature pertaining to the role of e-mental health awareness as a predictor of mental health help seeking behavior among persons with disabilities remains limited.

The present study is guided by the selected components of health belief model (Rosenstock, 1974), a widely used model for understanding health behavior. Although health belief model consists of six core components such as perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy, however researchers usually select only those components that are most relevant to their specific research questions (Lilly et al., 2020). Following this established approach, the present study focuses specifically on “perceived barriers” and “cues to action” as determinants of help seeking behavior. Perceived barriers refer to the beliefs or perceptions about the cost involved or obstacles experienced in performing a health behavior, which include stigma, skepticism or negative treatment perception (Rosenstock, 1974). Cues to action on the hand are the internal or external triggers that prompt health behavior, which include information, reminders or social support (Becker, 1974). This selective application of health belief model is also consistent with the prior research, e.g., Wang et al. (2024) assessed cues to action as a mediator in help seeking behavior among undergraduate students. While as Ogochukwu et al. (2025) focused on perceived barriers and cues to action in their study on help seeking behavior in Nigeria. Similarly, Arefian et al. (2024) assessed perceived barriers and cues to action as important constructs in their qualitative study of breast cancer survivors. In light of this, the present study has conceptualized e-mental health awareness as cue to action that may reduce negative treatment perception which has been conceptualized as perceived barrier that discourages the help seeking barrier. The proposed mediation model in the present study posits that e-mental health awareness enhances help seeking behavior indirectly by reducing negative treatment perceptions among persons with disabilities.

Objectives

1. To determine the level of awareness of online mental health services among persons with disabilities.
2. To examine the relationship between e-mental health awareness, unfavorable treatment perception and mental health help-seeking behavior among persons with disabilities.
3. To examine differences in mental health help-seeking behavior across levels of e-mental health awareness among persons with disabilities.
4. To determine whether treatment perception mediates the relationship between e-mental health awareness and help seeking behavior.

METHODOLOGY

Research design: The present study employed a cross-sectional correlational design and encompassed a diverse range of organizations and institutions that play crucial role in the lives of persons with disabilities. Particularly, these setting comprise registered NGOs dedicated to persons with disabilities, disability/health centers specializing in medical and therapeutic services for persons with disabilities as well as educational institutions where persons with disabilities were enrolled as students.

Population sampling technique and sample: The present study has used purposive and snowball sampling method for collecting data from persons with disabilities enrolled in

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various educational institutions and affiliated with registered centers and NGOs working for Persons with disabilities across Kashmir Division of UT of J&K.

- 1. Inclusion criteria:** participants who were aged 18 years and older, have either physical or sensory disability, provided informed consent.
- 2. Exclusion criteria:** Participants with multiple disability, mental illness, mental retardation, had communication limitations that could not be accommodated through accessible formats.

Instruments:

- i) Inventory of Attitudes towards Seeking Mental Health Services (IASMHS):** The IASMHS scale consists of 24 items and was used to measure mental health help seeking behavior in the present study (Hyland et al., 2014). The composite reliability ranges from 0.70-0.77, indicating an acceptable and good reliability measure.
- ii) Barriers to Mental Health Service Scale- Revised (BMHSS-R):** The BMHSS-R scale consists of 44 items and was used to measure unfavorable treatment perception by using only one dimension of the scale i.e., “Fear of Psychotherapy” (Serrano et al., 2024) in the present study. The Cronbach alpha ranged from 0.63-0.87, indicating an acceptable reliability measure.
- iii) E-Mental Health Awareness:** For measuring e-mental health awareness a self-constructed single item question was used in the scale.

Procedure for data collection

Data collection was done after obtaining the institutional approval of selected organizations, institutions and NGOs along with informed consent from all the participants. A total of 315 persons with disabilities was purposely approached for data collection, however only 306 of the individuals responded positively. The data was collected through online (via NGO and institutional WhatsApp groups, shared Google Form) and offline (via printed questionnaires) mode.

RESULTS

Preliminary Analyses

Initially a total of 315 participants responded to the questionnaires, however 09 participants had filled incomplete responses, therefore only 306 responses were retained. The data collected was screened for missing values and outliers prior to the final analysis. Accordingly, six responses were deleted for outliers and only 300 responses were retained for final analysis. Further, skewness and Kurtosis values were assessed and were found between the range of +2 and -2, therefore indicating normal distribution of the data (Table 1.1).

Table 1.1. Represents Normal Distribution of Data.

Variable	Mean	5% TM	SD	Skewness	Kurtosis
UTP	1.64	1.63	.866	.456	-.690
HSB	2.06	2.05	.358	.315	-.333

Note: UTP= Unfavorable Treatment Perception; HSB= Mental Health Help Seeking Behavior.

Demographic Information

The gender ratio of participants in the present study included 64% males and 36% females, 80.33% were from rural areas and 19.66% were from urban areas, 76.66% had locomotor disability, 15.33% had visual disability and had 8% speech disability, 68.7% had acquired

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disability and 31.3% had congenital disability. The description of the sample is shown in the Table 1.2 given below.

Table 1.2 Represents Demographic Information of the Sample.

Category	Sub-Category	Frequency	%	Total
Gender	Male	192	64	300
	Female	108	36	
Domicile	Rural	241	80.33	300
	Urban	59	19.66	
Disability Type	Locomotor	230	76.66	300
	Vision	46	15.33	
	Hearing	24	8	
Form of Disability	Congenital	94	31.3	300
	Acquired	206	68.7	

RESULTS AND INTERPRETATIONS:

Objective 1: To determine the level of awareness of online mental health services among persons with disabilities.

In order to assess the first objective of the present study, a descriptive analysis was conducted to examine the level of awareness regarding e-mental health awareness among persons with disabilities. As reflected in Table 1.3, it was observed that more than half of the study’s population i.e., 58.33% had no e-mental health awareness and only 41.66% of the study’s population had e-mental health awareness. This lack of awareness acts as a barrier to mental health help seeking behavior among persons with disabilities, thereby weakening the cue to action component of health behavior model.

Table 1.3. Represents Frequency Table of E-mental Health Awareness.

Construct	NO		Yes	
	Frequency	%	Frequency	%
E-mental Health Awareness	175	58.33%	125	41.66%

Objective 2: To examine the relationship between e-mental health awareness and mental health help-seeking behavior among persons with disabilities.

In order to assess the second objective of the present study, a correlation analysis was carried out to examine the relationship between e-mental health awareness and mental health help seeking behavior among persons with disabilities. The results as shown in Table 1.4, indicated a positive correlation between e-mental health awareness and mental health help seeking behavior. While as a significant negative correlation between unfavorable treatment perception and mental health help seeking behavior. This indicates that individuals with higher e-mental health awareness are more likely to have higher mental health help seeking behavior. Furthermore, individuals with higher unfavorable treatment perception are reported to have lower levels of mental health help seeking behavior. These findings highlight the critical role of e-mental health awareness in promoting mental health help seeking behavior, while unfavorable treatment perception in discouraging mental health help seeking behavior among Persons with disabilities, thereby highlighting the need for

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intervention program that focus on creating e-mental health awareness and thus reshaping treatment perceptions.

Table 1.4 Correlation Analysis of E-Mental Health Awareness, Unfavorable Treatment Perception and Mental Health Help Seeking Behavior.

		Mental Health Help Seeking Behavior
E-Mental Health Awareness	Pearson Correlation	.177
	Sig. (2-tailed)	.002
	N	300
Unfavorable-Treatment Perception	Pearson Correlation	-0.488
	Sig. (2-tailed)	<.001
	N	300

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Objective 3: To examine differences in mental health help-seeking behavior across levels of technology use among persons with disabilities.

In order to check the 3rd objective of the of the present study, an independent sample t-test was carried out between those who had e-mental health awareness (Group 1) and those who did not had any e-mental health awareness (Group 0). The results as shown in the Table 1.3 indicated a significant difference between the two groups ($t = -3.11, p = .002$). The negative t value indicates that the mean of mental health help seeking behavior score was lower for reference group 0 than the comparison group 1. The mean difference as indicated in the Table 1.5, was $MD = -0.129$, which indicates that participants who do not have any e-mental health awareness are less likely to seek help than those who have e-mental health awareness. These results therefore highlight the potential role of e-mental health awareness in facilitating or encouraging mental health help seeking behaviors among persons with disabilities.

Table 1.5 Represents the t-test.

Analysis	Group 0 mean	Group 1 mean	Mean difference	SE difference	t-value	p-value
t-test	2.01	2.14	-0.129	0.0414	-3.11	.002

Note. $H_a \mu_0 \neq \mu_1$

Objective 4: To determine whether treatment perception mediates the relationship between technology use and help seeking behavior.

For the assessment of the 4th objective, a mediation analysis was conducted to examine the mediating role of unfavorable treatment perception between e-mental health awareness and help mental health help seeking behavior The results from the path estimates as shown in Table 1.6 indicates that the e-mental health awareness significantly predicted unfavorable treatment perception ($\beta = -0.2631, p = .007$). The unfavorable treatment perception on the other hand also significantly predicted mental health help seeking behavior ($\beta = -0.1953, p = <.001$). The direct effect of e-mental health awareness on mental health help seeking behavior also remained significant after accounting for the mediator ($\beta = 0.0774, p = .045$).

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The results of mediation estimate as shown in Table 1.7 revealed a significant indirect effect of e-mental health awareness on mental health help seeking behavior via unfavorable treatment perception ($\beta = 0.0514, p = .010$). These results indicate that unfavorable treatment perception serves as a significant mediator in the relationship between e-mental health awareness and mental health help seeking behavior. In-addition, the direct effect of e-mental health awareness on mental health help seeking behavior, while controlling for the mediator, was also statistically significant ($\beta = 0.0774, p = 0.045$). This suggests that increased e-mental health awareness is associated with increased mental health help seeking behavior even after controlling the mediating variable. The total effect of e-mental health awareness on mental health help seeking behavior, which is the sum of both direct and indirect effects, was positive and highly significant ($\beta = 0.1288, p = .003$). This presence of both direct and indirect effect indicates partial mediation, which shows that unfavorable treatment perception partially explains the relationship between e-mental health awareness and mental health help seeking behavior, while e-mental health awareness also has an independent direct influence. The mediation model showing the direct and indirect pathways is reflected in Figure 1.1.

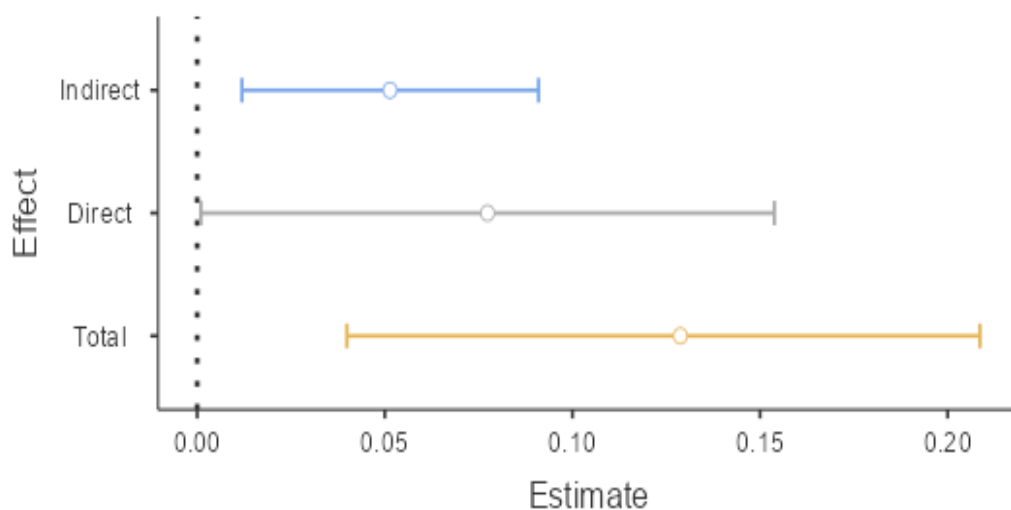
Table 1.6 Represents Path Estimates.

Path Estimates			Estimate	SE	Z	p
UT	→	TP	-0.2631	0.0983	-2.68	.007
TP	→	HSB	-0.1953	0.0197	-9.94	<.001
UT	→	HSB	0.0774	0.0386	2.01	.045

Table 1.7 Represents Mediation Estimates.

Mediation Estimates				
Effect	Estimate	SE	Z	p
Indirect	0.0514	0.0200	2.57	.010
Direct	0.0774	0.0386	2.01	.045
Total	0.1288	0.0434	2.97	.003

Fig. 1.1 Represents Estimate Plot



DISCUSSION

The present study assessed the e-mental health awareness, unfavorable treatment perception and their relationship with mental health help seeking behavior. In-addition the present study also examined the mediating role of unfavorable treatment perception between e-mental health awareness and mental health help seeking behavior. These findings provide a meaningful insight into how e-mental health awareness can influence unfavorable treatment perception and mental health help seeking behavior particularly among persons with disabilities.

The descriptive findings revealed that the majority of persons with disabilities (58.33%) had no awareness of online mental health services and only 41.66% of the participants were aware about the online mental health services. This limited awareness regarding the mental online mental health services highlights a substantial digital as well as informational gap among persons with disabilities. This gap is concerning given that persons with disabilities are five time more at risk of developing mental health issues compared to general population (Cree et al., 2020) due to various factors such as social exclusion, stigma and structural inequalities (WHO, 2011). Despite the greater need, barriers to accessing in-persons services such as transportation difficulties, physical inaccessibility, socio-economic disadvantages (Shakespeare et al., 2016) and communication problems often limit the use of mental health services (Crowe et al., 2021). Although, online mental health services have the potential to mitigate some of these structural barriers, however, their impact depends mainly on the awareness and digital inclusion.

The correlational findings of the study revealed a significant and positive relationship between e-mental health awareness and mental health help seeking behavior, while as a significant and negative relationship between unfavorable treatment perception and mental health help seeking behavior. The positive relationship indicates that greater awareness of online mental health services may function as an effective “cue to action” within the health belief model (Rosenstock, 1974), by increasing exposure to mental health information, improving mental health literacy and recognition of the need of professional mental health support (Jorm et al., 1997; Rickwood et al., 2007). Online platforms such as telehealth, mental health apps, have been identified as key facilitators of service utilization, particularly for marginalized populations (Andersons & Titov, 2014; WHO, 2021). For persons with disabilities, who more often encounter transportation difficulties, communication barriers, financial issues, stigma etc., e-mental health services may help mitigate structural barriers and provide more flexible and accessible pathways to mental health support (WHO, 2021; Shakespeare et al., 2016) and can use online service anonymously without the fear of being judged or stigmatized.

Conversely, the negative relationship between unfavorable treatment perception and mental health help seeking behavior indicates that higher unfavorable treatment perception which reflect the higher perceived barriers, are associated to lower mental health help seeking behaviors. Within the framework of health belief model, perceived barriers are considered as one of the strongest predictors of health behavior (Rosenstock, 1974; Becker, 1974). If the individuals perceive treatment as ineffective, stigmatizing, costly, inaccessible, they are significantly less likely to seek mental health support (Corrigan, 2004; Gulliver et al., 2010). In case of persons with disabilities, these negative perceptions may get intensified due to the prior experiences of discrimination, inadequate accommodation and lack of disability competent services etc., (WHO, 2021; Shakespeare, 2016). Thus, while e-mental health

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awareness appears to promote mental health help seeking behavior by serving as cue to action, unfavorable treatment perception may simultaneously hamper the help seeking behavior. These findings thus highlight the importance of creating digital awareness and systematically reducing perceived barriers in order to enhance mental health help seeking behavior among persons with disabilities.

The results of the independent sample *t*-test indicated that persons with disabilities who had no e-mental health awareness had low levels of mental health help seeking behavior compared to those who had e-mental health awareness, thus highlighting the importance of awareness in facilitating mental health help seeking behavior. Within the health belief model (Rosenstock, 1974), awareness operates as a *cue to action*, thereby prompting the consideration of available help seeking options, without such cues, individuals may not proceed towards help seeking behavior. This finding is consistent with prior studies highlighting that higher mental health literacy, knowledge of mental health services are associated with higher help seeking intentions and behaviors as well (Jorm et al., 1997; Rickwood et al. 2007) whereas, lack of awareness functions as a structural barrier to service utilization (Gulliver et al., 2010). For persons with disabilities online mental health services have been identified as promising mechanism for reducing the disparities in health care access (WHO, 2021). Additionally, the anonymity provided by online platforms allows individuals to seek help without fear of stigma or the need to disclose their identity, fostering a safer and more comfortable environment for them to access the care they need. Past studies have also highlighted the role of online resources in promoting awareness and reducing stigma (Naslund et al., 2017; Johnson et. al., 2022). Thus, the findings of the present study highlight that promoting e-mental health awareness can be a critical intervention point for improving mental health help seeking behaviors among persons with disabilities.

Developing on these findings, the mediation analysis provided important insights in understanding the underlying mechanism. The results revealed a significant indirect effect of e-mental health awareness on mental health help seeking behavior via unfavorable treatment perception, as well as a significant direct effect, indicating a case of partial mediation. The indirect effect indicates that e-mental health awareness increases mental health help seeking behavior by positively shaping unfavorable treatment perceptions, thereby reducing the perceived barrier (Becker, 1974). Awareness regarding online mental health services may challenge the misconception regarding treatment effectiveness and normalize mental health care, (Anderson & Titov, 2014; Corrigan, 2004). However, at the same time, the significant direct effect suggest that e-mental health awareness also improve mental health help seeking behavior independently, likely because online platforms provide access to mental health support in a more private and accessible manner, allowing individuals to seek help without the fear of judgment or disclosure (Musiat et al., 2014). The option to engage with services anonymously further reduces concerns about public stigma, making them more comfortable with seeking support (Musiat et al., 2014). This increased accessibility and confidentiality contribute to a more positive perception of treatment, fostering a greater willingness to prioritize mental well-being. These findings collectively highlight that improving technological awareness among persons with disabilities can reduce the unfavorable treatment perceptions and thereby promote mental health help seeking behavior among persons with disabilities.

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Limitations

- a) The present study was conducted in Kashmir region of J&K (India). The socio-cultural, infrastructural, and technological factors, unique to this context may influence awareness, treatment perceptions and mental health help seeking behavior as well. Therefore, the findings of the study cannot be generalized to larger population.
- b) The present study has included only persons with locomotor and sensory disabilities and therefore the findings cannot be generalized to persons with other types of disabilities.

CONCLUSION

Despite the limitations, the present study through its findings makes an important contribution to the literature by integrating the concept of e-mental health awareness into health belief model among persons with disabilities, a section of population that mostly remains under-represented in digital mental health research. In the era of rapid technological changes and persistent health disparities, understanding the ways through which technology can promote health behavior is important. The present study indicates that majority of the participants lacked e-mental health awareness and at the same time through its mediation analysis, it shows the potential of e-mental health awareness in not only improving mental health help seeking behavior but also in shaping perceptions, reduce stigma and changes people's beliefs. For persons with disabilities who face a number of challenges in accessing mental health support, e-mental health awareness can serve as an important tool in reducing those challenges and improving their mental health help seeking behavior. In this regard, researchers, policy makers, mental health practitioners can work together to ensure awareness of e-mental health services reaches all and thereby translate into improved health outcomes for all.

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Conflict of Interest

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