

Research Paper

Relationship between Attitudes Towards AI, Self-Stigma of Seeking Help, and Professional Help Seeking Attitudes among Indian Young Adults

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ABSTRACT

Background: Digital innovations like AI chatbots are being increasingly employed for mental health support, but the interplay between these digital innovations and the traditional concept of seeking help and internalized stigma is not well understood in non-western societies. The present study investigated the interplay between attitudes towards artificial intelligence, self-stigma of seeking professional help, and professional help seeking attitudes in Indian young adults. **Method:** A correlational study was conducted among 121 Indian participants aged 17 -26 years who used AI for chatting, including emotional and mental health purposes. They were asked to fill the ATSPPH-SF, Self-stigma of seeking help scale (SSOSH), and AI attitude scale (AIAS-4) through a Google Form. Descriptive statistics and Pearson correlation were analyzed using IBM SPSS version 30. **Results:** Participants had moderate attitudes towards professional help seeking ($M=17.16$, $SD=4.86$), moderate levels of self-stigma ($M=23.27$, $SD=6.64$), and generally positive attitudes towards AI ($M=24.83$, $SD=8.28$). Self-stigma was strongly and negatively correlated with professional help seeking ($r= -.60$, $p<.001$). Attitudes towards AI were not significantly correlated with attitude towards professional help seeking ($r= -.07$, ns) or self-stigma ($r= .02$). **Conclusion:** Internalized self-stigma is still a strongly related to help seeking intentions in Indian young adults, while positive attitudes towards AI do not seem to enhance intentions to seek human delivered therapy. **Implications:** Emphasis should be given to stigma reduction strategies and AI resources should be considered complementary rather than substitutes for traditional services. **Limitations** (small, convenience sample, correlational design, self-report data) suggest that the study should be replicated with larger and more diverse sample.

Keywords: *Self-Stigma, Attitude towards Seeking Professional Help, Attitude Towards AI, Mental Health*

The demand for mental health care has risen worldwide over the past years. Despite the increasing awareness of mental well-being, mental health care is still not easily accessible due to a number of factors, such as self-stigma, lack of funds, lack of

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mental health professionals, and fear of being judged by society. However, the increasing rate of digital transformation has affected many sectors, including mental health care, leading to the integration of technology-based interventions, such as Artificial Intelligence.

Artificial Intelligence in Mental health care:

Artificial Intelligence in mental health is a computer-based system designed to mimic human like interaction and offer psychological support in a non-judgemental and easily accessible way. AI based interventions, such as chatbots and conversational agents can offer immediate help to people experiencing stress, anxiety, or depression. Some emerging studies have found that AI interventions can help in reduction of symptoms and enable supportive interactions similar to some self help or bibliotherapy techniques (Liu et al., 2022; Beg et al., 2024).

One of the key strengths of AI assisted mental health care is the anonymity and lack of fear of judgement, which could be especially helpful for people who feel stigmatized in seeking help (Song et al., 2025). Nevertheless, AI cannot be complete substitute for mental health professionals. The reasons include the inability to read non-verbal communication, the lack of profound emotional empathy, and lack of ability to address complex mental health issues. Ethical issues, privacy, and accountability are also important concerns in this regard (Brown & Halpern, 2021; Marto et al., 2023).

Self-stigma in help seeking:

Self-stigma is the internalization of negative societal views about seeking psychological help, leading to feelings of shame, decreased self-esteem, and decreased intentions to seek professional help. Consistently, research has shown that higher levels of self-stigma are related to negative attitudes towards counselling and lower intentions to seek professional help (Schechtman et al., 2016; Nizam & Nen, 2022). Self-stigma is a major barrier that prevents people from seeking in person therapy.

Since AI based services provide privacy and minimize interpersonal contact, people with high self-stigma may view AI as a less threatening alternative to traditional therapy (Hoffman et al., 2024; Varghese et al., 2024). Yet it is unclear whether positive attitudes towards AI are associated with increased professional help seeking.

Attitude Towards seeking Professional psychological Help:

Professional help seeking is the act of seeking mental health professionals for psychological issues. Positive attitudes towards therapy, trust in mental health professionals, and perceived behavioural control have been identified to affect help seeking intentions. Stigma, on the other hand, has been found to be a strong negative factor of help seeking. Demographic factors such as gender and educational level also been found to affect help seeking tendencies (Aktan et al., 2022; Nizam & Nen, 2022).

Relationship between Self-stigma, Attitude towards AI, and Attitude towards professional help seeking:

Existing literature indicates that self-stigma is a negative factor of seeking professional help. On the other hand, AI based interventions are viewed as accessible, anonymous, and less stigmatizing, this leads to an important question: Does a positive attitude towards AI influence people to seek professional help, or does it act as alternative that has the potential to substitute conventional interventions?

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Although existing literature has explored variables separately, the empirical evidence for the relationship between the variables is inconsistent, especially in the digital mental health field. Moreover, existing literature has largely focused on western populations, and there is a need to understand these dynamics in the Indian cultural setting.

Rationale of the study:

With the growing integration of AI in mental health services and the continued presence of self-stigma as a factor in discouraging help seeking, it is necessary to explore the relationships between these factors. The current study proposes to explore the inter relationship between self-stigma of seeing professional psychological help, attitude towards artificial intelligence and attitude towards professional help seeking among Indian young adults.

Through the exploration of these relationships in a Indian context, the current study hopes to contribute to the existing literature on digital mental health and help to clarify whether general attitudes towards AI are related to help seeking attitude, independent of self-stigma.

METHODOLOGY

Objectives:

- **O1-** To examine the relationship between self-stigma and attitude towards seeking professional help.
- **O2-** To examine the relationship between self-stigma with attitude towards artificial intelligence.
- **O3-** To examine the relationship between attitude towards artificial intelligence and attitude towards seeking professional help.

Hypothesis:

- **H1:** Self-stigma will be significantly and negatively related to attitude towards seeking professional help.
- **H2:** Attitude towards artificial intelligence will be significantly related to attitude towards-seeking professional help.
- **H3:** Self-stigma will be significantly related to attitudes towards artificial intelligence.

Variables:

IV- Self-stigma of seeking help and Attitude towards AI

- **Self-stigma** is described as people's tendency to internalize negative public views of seeking psychological assistance and apply these views to themselves (Hoffman et al., 2024). In this study Self-stigma is described as the extent to which people generalize negative societal views about seeking psychological assistance.
- **Attitude towards AI:** In the current study, attitude towards AI is the overall positive or negative evaluative dimension towards artificial intelligence technology, including its usefulness and benefits. In this study, the general attitude towards AI is investigated as the factor related to openness to using AI as a help seeking tool.

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DV- Attitude towards seeking professional psychological help

Attitudes toward seeking professional help are defined as an individual's overall evaluative orientation positive or negative towards seeking help from trained mental professionals for psychological or emotional difficulties.

Tools used in Data collection:

1. **Attitudes towards seeking Professional Psychological help Scale- Short Form (ATSPPH-SF)** by Fischer & Farina (1995). This scale is modification of the original measure by Fischer & Turner (1970). It measures individual willingness and openness to seeking professional help. The responses are rated on 4-point Likert scale ranging from Disagree (0) to Agree (3) with the Cronbach's alpha .84. Higher score indicate a more favourable attitude towards seeking-professional psychological help.
2. **Self-stigma of seeking professional help scale (SSOSS)** by Vogel, Wade, and Haake (2006). It has 10 items. The responses are rated on 5-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5) with the Cronbach's alpha .91. Higher score reflects higher levels of self-stigmatizing beliefs about getting professional mental health services.
3. **AI attitude scale (AIAS-4)**, a brief measure of general attitude toward artificial intelligence by Grassini (2023). It has 4 items. The responses are rated on 10-point Likert scale ranging from 1 =Not at all to 10= Completely agree with Cronbach's alpha 0.9. Higher score reflects positive attitude towards AI.

Sample:

Non probability convenience and snowball sampling method was used in the study, 121 young adults aged 17-26 years participated across different cities of India, who use artificial intelligence for chatting and mental health support. The data was collected through Google Forms.

Inclusion criteria:

- Participants aged 17-26 years.
- Indian young adults who use AI chatbots or AI based platforms for chatting and mental health related support.
- Individuals who are able to understand English.
- Not a psychology student.

Exclusion criteria:

- Participants below 17 and above 26.
- Young adults who don't use AI chatbots or platforms for chatting and mental health related support.
- Individuals who are unable to understand English.
- Psychology student.

Research Design: Correlational design.

Procedure:

The data was collected using convenience sampling and snowball sampling to targeting young adults aged 17 to 26 users who interact with AI systems for friendly conversation and mental health assistance. A google form was developed, incorporating the attitudes towards

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seeking professional help scale- short form (ATSPPH-SF), the self-stigma of seeking help scale (SSOSH), and attitude towards AI scale. The google form link was shared on the online platforms, and the participants were encouraged to share the link with their peers who might be interested. Before the participants joined the study, the electronic informed consent was obtained and confidentiality was assured. The data was scored based on the guidelines of the respective scales and analyzed using IBM SPSS Statistics version 30.0.

RESULT ANALYSIS

The descriptive statistics of the variables in the study are shown in Table 1. The mean score of Professional Help seeking was 17.16 (SD=4.86), which showed a moderate level of help seeking behaviour among the participants. The mean score of self-stigma was 23.27 (SD=6.64). The mean score of AI attitude was 24.83 (SD=8.28), which showed moderate variability among the participants attitudes towards AI.

Table No. 1: Descriptive statistics of study variables N=121

Variable	M	SD
Attitude towards seeking professional help	17.16	4.86
Self-stigma	23.27	6.64
Attitude towards AI	24.83	8.28

Correlational analysis:

Pearson’s correlation analysis was performed to determine the relationship between self-stigma, attitude towards artificial intelligence, and attitude towards seeking professional help. (see Table 2)

There was significant strong negative correlation between self-stigma and attitude towards seeking professional help, $r = -.60$, $p < .001$. This shows that as self-stigma increases, attitude towards seeking professional help decreases. Thus Hypothesis 1 was confirmed because it Proposed that there would be a significant relationship between self-stigma and Attitude towards seeking professional help.

The correlation between attitude towards artificial intelligence and attitude towards seeking professional help was found non-significant, $r = -.07$, ns. Therefore hypothesis 2 which stated that there is a significant relationship between attitude towards artificial intelligence and attitude towards seeking professional help is not supported and hence rejected.

Also, the correlation between self-stigma and attitude towards artificial intelligence was non-significant, $r = .02$, ns. Therefore, Hypothesis 3 which stated that there is a significant relationship between self-stigma and attitude towards AI, is not supported and hence rejected.

Table No. 2: Correlations among study variables N=121

Variable	1	2	3
Attitude towards seeking professional help		-.60***	-.07
Self-stigma			.02
Attitude towards AI			

P<.001

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Frequency distribution of Attitude towards AI:

The frequency distribution of the levels of AI attitude is shown in table 3. Of the participants, 13.2% had low AI attitude, 47.1% had moderate AI attitude, and 39.7% had high attitude. Most of the participants had moderate to high AI Attitude.

Table No. 3: Frequency distribution of Attitude towards variable N=121

Category	n	%
Low	16	13.2
Moderate	57	47.1
High	48	39.7
Total	121	100

DISCUSSION

The current study examined the correlations between attitudes towards artificial intelligence in mental health care, self-stigma towards seeking psychological help, and attitude towards seeking professional help in a group of Indian young adults who reported using AI for communication and mental health related issues. The findings showed a significant strong negative correlation between self-stigma and professional help seeking attitude ($r=-.600$, $p<.001$), but no significant relationship between attitudes towards artificial intelligence and professional help seeking attitude or self-stigma. Hence, only partial support was obtained for the proposed hypotheses.

The very strong negative correlation between self-stigma and help seeking attitude is in keeping with previous literature that has pointed to internalized stigma as a key psychological barrier to mental health service use. Previous research among adolescents and university students has also found that higher self-stigma is associated with more negative attitudes towards counselling and lower intentions to seek professional help (Shechtman et al., 2016; Nizam & Nen, 2022; Ariyati, 2023), although the overall literature suggests a link between stigma and lower service use and poorer psychological outcomes (Kågström et al., 2025). This further supports the finding that self-stigma is a key factor of the avoidance of psychological care.

By contrast, the non-significant associations for attitudes towards artificial intelligence represent the complicated and dynamic position of AI in mental health practice. While AI based support is often considered accessible, anonymous, and less stigmatizing (Hoffman et al., 2024; Varghese et al., 2024), issues of empathy, ethical accountability, trust, and data privacy have continued to restrict the use of AI in genuine therapeutic engagement (Brown & Halpern, 2021). Moreover, AI based tools are often viewed as supplementary resources rather than substitutes for professional psychotherapy, despite the growing evidence of their efficacy in symptom reduction of depression and anxiety and in facilitating the therapeutic process (Liu et al., 2022; Beg et al., 2024; Carlbring et al., 2023). This may account for the lack of increased professional help seeking in the current study among those with favourable attitudes towards AI.

The descriptive results offered further insight. Participants demonstrated moderate levels of self-stigma and help seeking, as well as overall positive attitudes towards artificial intelligence. The majority of participants reported moderate (47.1%) or high (39.7%) levels of AI attitudes, although few reported low levels (13.2%). Although this distribution is

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positive, AI attitude was still unlinked to both self-stigma and help seeking, implying that acceptance of technology is not a sufficient factor to impact engagement with professional mental health help.

Cultural factors might also play a role in these trends. The current sample was comprised of young Indian adults, while most of existing literature has been carried out in western samples, where norms of stigma, disclosure, and technology acceptance vary. There is cross cultural evidence that social and structural stigma have a strong impact on the accessibility of mental health services and other related outcomes (Kågström et al., 2025). Thus, the lack of significant relationships between the current findings and AI related variables might be related to culture specific factors of stigma, trust, and technology use.

In general, the results indicate that self-stigma is the main psychological factor of seeking professional help, and attitude towards artificial intelligence serves as a secondary factor. Future mental health interventions should thus incorporate stigma reduction, culturally informed strategies, and ethical AI based interventions to effectively improve service use.

Although the negative impact of self-stigma on help seeking attitude has been identified in previous studies, the current study contributes to this body of research by exploring these variables in the Indian cultural setting and simultaneously exploring attitudes towards artificial intelligence. The results of this study show that AI in mental health settings, attitudes towards AI do not have a significant impact on help seeking attitude. This indicates that internalized stigma is more influential factor in help seeking attitude than technological attitudes.

Limitations and suggestions:

There are few limitations of the current study that need to be kept in mind while analyzing the results. The sample size was relatively small (N=121) and consisted of Indian young adults who use AI for communication and mental health related purposes. Most of the previous studies on AI and mental health related have been conducted on western populations and cultural differences in stigma, technology acceptance, and help seeking behaviour may influence results.

The study used self-report measures, which are prone to response and social desirability bias. Moreover, there is no standardized questionnaire available yet to measure therapy seeking behaviour towards AI based therapy. Thus, an attitude towards AI scale was employed as a proxy measure, which may not accurately reflect the actual behavioural intentions. The correlation nature of study further limits the causal inferences between the variables.

Future studies should study larger, cross-cultural samples, develop valid tools for measuring help seeking behaviour in the context of AI, and use longitudinal, experimental designs to investigate the effects of AI assisted interventions on actual engagement and treatment outcomes.

CONCLUSION

The current study emphasizes the fact that self-stigma is still a significant factor of help seeking in young Indian adults, as found in previous studies that indicated higher levels of self-stigma are associated with negative help seeking attitudes and intentions (Shechtman et

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al., 2016; Nizam & Nen, 2022; Ariyati, 2023). On the other hand, attitudes towards AI were more positive but did not affect professional help seeking, consistent with previous studies that indicated AI based mental health interventions are perceived as accessible and non-judgemental but inadequate to replace human delivered therapy (Hoffman et al., 2024; Marto et al., 2023). Cultural factors may also impact these trends, given the most of the previous AI mental health studies have been conducted on western populations, while this study was conducted on an Indian population, which may indicate some cross-cultural differences in stigma and technology acceptance (Kågström et al., 2025).

These findings highlight the need for stigma reduction interventions and culturally informed approaches to mental promotion, as well as the potential AI based interventions to be used as a supplement to traditional therapy (Liu et al., 2021; Beg et al., 2024). Future studies should aim to develop specific scales for AI related therapy seeking, as well as investigate mediating variables such as trust, empathy, and mental health literacy to gain a better understanding of the role of digital interventions in supplementing traditional therapy.

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Conflict of Interest

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