ADDIS ABABA UNIVERSITY COLLEGE OF EDUCATION AND LANGUAGE STUDIES SCHOOL OF PSYCHOLOGY

MASTER OF ARTS IN COUNSELLING PSYCHOLOGY

Perceived Benefits and Perceived Barriers' of Help Seeking Intention for Mental Health Counseling: The Moderating Role of Social Support Among High School Students in Bole Secondary School

By

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MAY, 2026

ADDIS ABABA ETHIOPIA

PERCEIVED BENEFITS AND PERCEIVED BARRIERS' OF HELP SEEKING INTENTION FOR MENTAL HEALTH COUNSELING: THE MODERATING ROLE OF SOCIAL SUPPORT AMONG HIGH SCHOOL STUDENTS IN BOLE SECONDARY SCHOOL

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A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY COLLEGE OF EDUCATION AND LANGUAGE STUDIES SCHOOL OF PYSCHOLOGY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE MASTER OF ARTS DEGREE IN COUNSELING PSYCHOLOGY

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ADDIS ABABA ETHIOPIA

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SCHOOL OF PSYCHOLOGY

APPROVAL OF THE BOARD OF EXAMINERS

WE, THE EXAMINERS' BOARD, APPROVE THAT THIS THESIS HAS PASSED THROUGH THE DEFENSE AND REVIEW PROCESS.

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DECLARATION

I, Nuhamin Teferi, conducted this study independently with the assistance and direction of the research advisor Abera Getachew (As.proff), in partial fulfillment of the requirements for the degree of Master of Arts in Counselling Psychology on the topic of “Perceived Benefits and Barriers' in Help Seeking Intention of Mental Health Counseling the Moderating Role of Social Support Among High School Students from Bole Secondary and preparatory School."

This research is entirely original to me and has not been submitted to any school, here or elsewhere, for a degree or master's program.

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Acronyms/Abbreviations

AAU- Addis Ababa University

AJZEN – Ajzen (used for Theory of Planned Behavior references)

CBT – Cognitive Behavioral Therapy

DBT – Dialectical Behavioral Therapy

EMDR – Eye Movement Desensitization and Reprocessing

HBM – Health Belief Model

MSPSS Multidimensional Scale of Perceived Social Support

SPSS Statistical Package for the Social Sciences

LMICs – Low- and Middle-Income Countries

WHO – World Health Organization

Abstract

Mental health help-seeking among adolescents remains a critical yet underexplored issue in the Ethiopian educational context. This study examined the perceived benefits and perceived barriers associated with help-seeking intention for mental health counseling and explored the role of social support among students at Bole Secondary and Preparatory School in Addis Ababa, Ethiopia. the The study employed a quantitative cross-sectional correlational research design. Data were collected from 275 students selected through a multistage sampling procedure using a structured self-administered questionnaire. Descriptive findings indicated that students generally held positive perceptions regarding the benefits of mental health counseling and reported relatively high intentions to seek professional help when experiencing emotional or psychological difficulties. However, students also reported high levels of perceived barriers, particularly self-reliance, concerns about confidentiality, stigma, and fear of social judgment. Family support emerged as the strongest source of social support among respondents. Pearson correlation analysis revealed that perceived barriers had the strongest positive relationship with help-seeking intention ($r = .554$, $p < .001$), followed by social support ($r = .271$, $p < .001$). Multiple regression analysis further demonstrated that perceived barriers were the strongest predictor of help-seeking intention ($\beta = .560$, $p < .001$), followed by social support ($\beta = .234$, $p < .001$), while perceived benefits did not significantly predict help-seeking intention ($\beta = .080$, $p = .122$). Collectively, the predictor variables explained 38.1% of the variance in help-seeking intention ($R^2 = .381$, $F(3, 271) = 55.619$, $p < .001$). Hierarchical regression analysis also indicated that social support made a significant contribution to the prediction of help-seeking intention, highlighting the importance of supportive family, peer, and school relationships in facilitating access to mental health services. The study concludes that students' intentions to seek mental health counseling are influenced more strongly by perceived barriers and social support than by their beliefs regarding the benefits of counseling. The findings underscore the need for schools to strengthen counseling services, reduce stigma, address confidentiality concerns, and actively engage families and school communities in promoting positive mental health help-seeking behaviors among adolescents.

Key words*: Perceived Benefits, Perceived Barriers, Help-Seeking Intention, Social Support, Mental Health Counseling,*

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

Adolescence, generally spanning ages 13 to 19, is a developmental period marked by rapid biological, psychological, and social change that shapes long-term health and wellbeing. Globally, an estimated 10–20% of adolescents experience a mental health condition such as anxiety, depression, or a behavioral disorder, yet most of these cases go unrecognized and untreated (WHO, 2021). Because at least half of all lifetime mental illness emerges by age 14 (Kessler et al., 2005), early identification and intervention during adolescence is critical to preventing long-term disability. Even where services exist, adolescents with significant symptoms often fail to access care, largely due to limited awareness of how to recognize symptoms and navigate available services (Rickwood & Thomas, 2012). This gap between recognizing a need for help and actually seeking it is what makes help-seeking intention, an adolescent's reported likelihood of pursuing professional support when experiencing psychological distress, a critical area of study (Radez et al., 2021).

Research consistently shows that this intention is shaped by two competing sets of perceptions: the benefits adolescents associate with professional support, and the barriers they anticipate in accessing it. Confidence in a counselor's competence, confidentiality, and capacity to improve emotional wellbeing is associated with stronger help-seeking intentions (WHO, 2021). Conversely, stigma, fear of being labeled "mentally ill," distrust of counselors, confidentiality concerns, and a preference for self-reliance or informal support consistently suppress these intentions across cultures and educational levels (Radez et al., 2021; Gulliver et al., 2010). Stigma in particular remains one of the most persistent barriers in school settings, where students who fear negative peer reactions may minimize their distress or confide only in friends rather than pursue formal counseling (Gulliver et al., 2020).

In African contexts, this barrier structure is compounded by cultural and structural factors. Adolescent mental health is an increasingly recognized public health concern across the continent, yet professional services remain markedly underutilized. Many adolescents interpret psychological distress through moral or spiritual frameworks rather than clinical ones, which can lead them to view symptoms of depression or anxiety as minor or normal rather than conditions warranting professional care (Tesfaye et al., 2023). Limited mental health literacy, fear of social

labeling, and a scarcity of youth-friendly services lead many adolescents to rely instead on family, peers, teachers, or religious leaders, sources perceived as more accessible and culturally appropriate (Mendenhall et al., 2022). Notably, these same relationships can also serve as protective factors, encouraging help-seeking when the social environment is supportive rather than judgmental (Mendenhall et al., 2022).

In Ethiopia, growing attention has been paid to adolescent mental health, particularly among secondary and preparatory school students who face intense academic pressure, high-stakes national examinations, and uncertainty about their future. While some urban schools have introduced school-based counseling, utilization of professional mental health support remains low (Fekadu et al., 2019). Ethiopian studies attribute this gap to limited awareness of available services, stigma, doubts about confidentiality, and misperceptions of mental health professionals, while also pointing to family, peer, and teacher support as influential in shaping whether adolescents ultimately seek help (Tesfaye et al., 2020).

These dynamics are particularly relevant to secondary school students in Bole, who face significant academic demands, competitive entrance examinations, and pressure to decide on a post-secondary path, conditions likely to elevate psychological distress and the corresponding need for support. However, no study to date has examined how preparatory-level students in this context weigh the perceived benefits against the perceived barriers of seeking professional counseling, or whether social support from family, peers, and teachers moderates the relationship between these perceptions and students' help-seeking intention. This study addresses that gap by examining the perceived benefits and perceived barriers associated with help-seeking intention for mental health counseling among preparatory school students in Bole, and by testing the moderating role of social support in this relationship.

1.2 Statement of the problem

Mental health problems among adolescents are increasingly recognized as a public health concern in Ethiopia, particularly as many young people in low-resource settings do not pursue professional support despite experiencing significant psychological distress (Asnakew et al., 2024). However, recognizing that a problem exists is conceptually distinct from intending to act on it. Negash et al. (2020) distinguish "perceived need" for mental healthcare from the actual decision to seek it, and found this intention-stage is poorly understood among Ethiopian students.

It is essentially this connection from realizing one is experiencing mental health concerns to actually deciding to make an appointment with a counselor or therapist that remains under-examined locally. International evidence suggests one reason for this gap: while barriers to help-seeking have been extensively catalogued, the facilitators or perceived benefits that might encourage young people to seek support remain comparatively under-researched (Gulliver et al., 2010). It appears that students often suppress their desire for professional help because they judge the disadvantages of seeking it to outweigh the advantages, while also feeling constrained by perceived barriers such as stigma or cost (Gulliver et al., 2010). As a result, these fears prevent many students from pursuing professional help, despite knowing that speaking with someone may positively affect their well-being.

A review of the Ethiopian literature shows this problem has not yet been adequately captured. Fekadu et al. (2019) documented the high frequency of mental distress and the barriers experienced by students in Addis Ababa, but did not examine perceived benefits at all, leaving the positive, incentivizing side of students' decisions almost entirely undocumented. Mamo and Kassa (2022) examined the actual use of school-based counseling services, but their focus on utilization behavior rather than the intention that precedes it means the psychological step before action remains unexamined; since intention typically precedes action, overlooking it leaves school counselors without a clear lever for reaching students before they arrive at a crisis point. At the national level, Asnakew et al. (2024) pooled help-seeking data across Ethiopia, but their sample was drawn from people already identified as having a mental illness, rather than from a general adolescent population still weighing whether to seek help in the first place, so their findings cannot simply be assumed to apply to secondary students who may not yet recognize a need. Similarly, qualitative work among rural adolescents in Gondar Zuria (2025) mapped barriers in rich detail, but the design used cannot test how benefits, barriers, and social support interact statistically precisely the kind of testing this study's quantitative, moderation-based design is intended to provide.

Finally, there is no local evidence on how social support from family and friend’s functions as a moderator or buffer between perceived benefits/barriers and help-seeking intention. Social support has been identified internationally as a facilitator of help-seeking (Gulliver et al., 2010), but it has not been formally tested as a moderating variable within an Ethiopian secondary-

school context. Bole Secondary and Preparatory School, a government school situated in an economically diverse catchment area, offers a useful setting to examine this, since it enrolls students from a wide range of socioeconomic backgrounds within a single institution. This study therefore aims to investigate how the interaction of perceived benefits, perceived barriers, and social support shapes adolescents' help-seeking decisions within this specific cultural and institutional context.

1.3 Research Questions

1. What is the level of perceived benefits, perceived barriers, social support, and help-seeking intention among students at Bole Secondary and Preparatory School.

2. What is the association of perceived benefits, perceived barriers and social support with help-seeking intention?

3. What is the relationship among perceived barriers, perceived benefits, and help-seeking intention for mental health counseling among the students?

4. To what extent does social support moderate the association of perceived barriers, perceived benefit and help-seeking intention among students?

1.4 Research Objectives

1.4.1 General Objective

To examine the perceived benefits and perceived barriers in help-seeking intention for mental health counseling and to investigate the moderating role of social support among students at Bole Secondary and Preparatory School.

1.4.2 Specific Objectives

1. To assess the level of perceived benefits, perceived barriers, social support, and help-seeking intentions among students, segmented by their socio-demographic characteristics.

2. To evaluate the association of perceived benefits, perceived barriers and social support with help-seeking intention.

3. To examine the nature of the relationship among perceived barriers, perceived benefits, and the overall intention to seek professional mental health counseling.

4. To evaluate the moderating effect of social support on the association between perceived barriers and help-seeking intentions among the student population.

1.5 Significance of the Study

The study findings help to provide information about which could tweak current ideas about how the mind and social aspects work together. These ideas can then better fit the specific cultural and financial situations of kids in Addis Ababa. The results provide a starting point rooted in this particular place, filling a big hole in what's written about this area. It looks at how interactions between people and their surroundings influence whether a student will actually seek professional help. The findings of this study helps to provide school counselors and educators with a comprehensive framework to assist in transitioning to more specific mental health programming than just a basic mental health awareness. The educators at institutions such as Bole Secondary and Preparatory School can identify the perceived barriers (for example: fear of loss of confidentiality, socio-economic pressures) that hinder students from seeking help, and then create specific interventions to actively eliminate those barriers.

1.6 Scope of the Study

This study is conducted during the 2025/2026 academic year and focuses on adolescents enrolled in Grades 9–12 at Bole Secondary School. Geographically, the study is limited to Bole Sub-City, Addis Ababa, and specifically targets students within this school setting. The findings of the study are therefore applicable primarily to similar urban secondary and preparatory school contexts.

Conceptually, the study is confined to examining perceived benefits and perceived barriers as factors influencing students' help-seeking intention for mental health counseling, with social support considered as a moderating variable. Methodologically, the study employed a quantitative cross-sectional survey design, using self-administered questionnaires to collect data at a single point in time.

1.7 Operational Definitions of Terms

1. Perceived Benefits: -refers to students' beliefs about the positive outcomes of seeking mental health counseling, such as emotional relief, problem-solving support, confidentiality, and personal growth. It is Measured using a perceived benefits scale consisting of multiple items rated on a Likert-type scale. Higher scores indicate stronger perceived benefits of mental health counseling.

2. Perceived Barriers: - refers to students' perceptions of obstacles that discourage them from seeking mental health counseling, including stigma, fear of judgment, lack of trust, confidentiality concerns, and self-reliance. it can be Measured by using a perceived barriers scale with Likert-type response options. Higher scores indicate greater perceived barriers to help-seeking.

3. Social Support: - refers to students' perception of emotional, informational, and practical support received from family, peers, teachers, and significant others. It is measured using a social support scale with Likert-type items assessing support from different sources. Higher scores indicate higher perceived social support.

4. Help-Seeking Intention: - refers to the degree to which students are willing or plan to seek professional mental health counseling when experiencing psychological or emotional difficulties. It is measured using a self-report help-seeking intention scale, with responses rated on a Likert-type scale. Higher scores indicate stronger intention to seek mental health counseling.

5. Mental Health Counseling: - refers to professional psychological services provided by trained counselors or mental health professionals within or outside the school setting to help individuals cope with emotional, behavioral, or psychological problems. It can be assessed through items measuring students' awareness of and attitudes toward professional counseling services.

6. Gender: Refers to the self-reported biological sex of the respondent, measured as a binary categorical variable with two response options, male or female, selected by the respondent on the questionnaire.

7. Age: Refers to the respondent's chronological age at the time of data collection, measured in completed years and recorded as a continuous numerical value through self-report.

8. Grade Level: Refers to the respondent's current level of academic enrollment within the secondary school system, measured as a categorical variable with four levels, Grade 9, Grade 10, Grade 11, and Grade 12, corresponding to the respondent's official grade placement at the time of the study.

9. **Family Education Level**: Refers to the highest level of formal education completed by the respondent's parent(s) or primary guardian(s), used as a proxy indicator of the family's socioeconomic and educational background. It is measured as a categorical variable with six levels: no formal education, primary education (Grades 1–8), secondary education (Grades 9–12), diploma or TVET certificate, bachelor's degree, and master's degree or above, as reported by the respondent.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Overview of Mental Health Counseling

2.1.1 Process of Mental Health Counseling

The typical structure of the process of mental health counseling includes multiple consecutive and related steps. Some of these included developing a therapeutic relationship; assessing the client's issues/concerns; goal-setting; intervention; and evaluating and terminating (Corey, 2017).

The first step in the process, developing a therapeutic relationship, allows counselors to establish rapport and trust and to develop an atmosphere that is both emotionally safe and supportive for their clients (Corey, 2017). Following the establishment of the therapeutic relationship, there is an assessment phase. During the assessment phase, counselors gather as much information as possible from the client regarding their psychological issues (Corey, 2017). As a result of the assessment, counseling goals are developed collaboratively with the client, and then suitable intervention techniques are selected and applied (Corey, 2017).

Finally, at some point during or after the implementation of the treatment plan, an evaluation of the client's progress occurs (Corey, 2017). For adolescent clients, the primary focus of the above-described process is confidentiality, given that concerns about how personal information will be shared are among the most commonly reported barriers to adolescents' engagement with mental health providers (Svamo et al., 2024). Understanding and empathy are similarly central, as young people consistently identify a counselor's empathic understanding as one of the most helpful aspects of the counseling relationship (Cooper et al., 2024). Together with developmentally-appropriate interventions, these elements promote client engagement and positive outcome(s) (Svamo et al., 2024).

2.1.2 School-Based Mental Health Counseling

School counseling is practiced in schools and focuses on supporting student development through both emotional and academic support. School counselors provide a unique opportunity to engage with adolescent students who experience the pressures of education while struggling to navigate the transition from childhood to adulthood (Sontag et al., 2024)

The school counselor is most commonly the first point of contact for students in secondary and preparatory schooling experiencing psychological distress; therefore, the overall climate of the school greatly influences how a student perceives barriers and benefits toward seeking help (Radez et al., 2021). During adolescence, individuals have a heightened sense of autonomy and are highly sensitive to peer influences; these two factors greatly determine if a student has the willingness to seek help (Horigian et al., 2021). When a school establishes a social status of being a counselor in its culture it directly impacts what students perceive about help-seeking behaviors. Schools that foster a "culture of silence" or high levels of public stigma create greater perceptions of social barriers and threats to self-esteem, while schools that establish counseling as an integral component of student support, the positive aspects of receiving assistance increase the likelihood that a student will be willing to pursue assistance (Onigbogi et al., 2023).

Lastly, the adolescent context requires attention to Social Support as a mediator of professional help-seeking behavior. Students attend school for approximately eight hours per day, creating an environment where the support received from teachers and peers either serves to enhance or diminish barriers associated with seeking assistance. Studies demonstrate that increased levels of perceived social support can serve to buffer the effects of stigma and promote increased intentions to formally seek assistance among distressed students (Ali et al., 2021; Xu et al., 2022).

2.3 Help-Seeking Intention for Mental Health Counseling

Seeking help is based on an individual's intent to obtain professional assistance when dealing with either a physical or mental challenge. An individual's willingness to pursue mental health services is an important indicator of his/her overall well-being. A recent review of the literature emphasized the importance of an individual's belief system in determining if he/she seeks help (Rickwood & White, 2006).

Among adolescents, the decision to seek help depends on both personal beliefs and attitudes toward counseling. The decision to seek help also depends upon the perception of what others believe about help-seeking (Biddle, 1979). Also, the availability of professional mental health service providers is also a factor. However, research has shown that many adolescents do not seek help even though these services are available. This lack of help-seeking can be attributed to

the fact that many adolescents do not see counseling as being useful or as something that is socially acceptable (Gulliver et al., 2010).

Help-seeking intention as defined in this study relates to students' reported willingness to seek professional mental health counseling when they need such services. Students' perceptions of the usefulness of counseling services, their perceptions of obstacles to receiving such services and their levels of social support contribute to their reported intentions to seek professional mental health services.

The formation of help-seeking intention involves a complex interplay between the internal psychological experiences of adolescents and their external social environment. For example, there is some evidence to suggest that for adolescents in urban Africa, reaching out for formal support is competing with a deeply entrenched "self-reliance" bias and the fear of social exclusion (Sontag et al., 2024; Ali et al., 2021). As intention is typically the last cognitive barrier prior to action, it is especially responsive to how normal or typical seeking help appears within the school setting. Therefore, when students perceive that seeking help is endorsed by their peer group and supported by their teachers, then their intrinsic motivation to receive care increases and reduces the psychological barrier that prevents them from seeking professional help (Radez et al., 2021).

2.4 Impact of Perceived Benefits on Help-Seeking Intention

The actual advantages of mental health counseling from a student's perspective relate to the belief system and expectations related to the possible results of receiving professional psychological assistance. Many times the advantages of counseling will include reduction of emotional distress, increased ability to cope effectively, better problem-solving skills, and increased ability to function academically and socially.

Adolescents' decisions to seek help are based on a cognitive process referred to as a utility check; when adolescents perceive that counseling is a safe, useful, and confidential way of addressing their problems, then they are far more likely to have a positive intention to use the service (Sontag et al., 2024; Radez et al., 2021). In addition to providing clinically relevant interventions, the potential advantages of school-based mental health programs also provide adolescents with practical advice for dealing with the stresses of preparing for national exams, resolving interpersonal conflict, and developing emotional regulation.

Empirical research has demonstrated time and again that the perceived advantages of professional mental health services serve as one of the most important motivational influences for adolescents to seek professional services. The greater the number of ways adolescents perceive that mental health services can be used to address their problems, the more willing they become to accept professional assistance. Research conducted recently with adolescents from urban environments has shown that perceiving counseling as a resource that can aid in solving problems was a more powerful predictive influence upon help-seeking intentions than demographics or attitudes toward stigma (Horigian et al., 2021). Thus, in some cases, the pull of perceived advantages may outweigh the push of societal barriers.

Findings from studies conducted in countries located in sub-Saharan Africa such as Nigeria and Ethiopia demonstrate that students who perceive counseling as being associated with reduced emotional distress and academic support are more likely to seek professional help despite living in regions where stigma exists (Ali et al., 2021; Onigbogi et al., 2023).

Specifically, in secondary schools located in Ethiopia, students who understand that counseling can provide them with methods to reduce stress while studying for entrance examinations into university training are more prepared to seek help from school-based mental health professionals (Tesfaye et al., 2020).

Previous studies consistently show that perceived benefits positively influence students' willingness to seek professional psychological help. For example, Vogel et al. (2007) found that individuals who believed counseling could effectively address emotional difficulties reported stronger intentions to seek professional assistance. Similarly, Nam et al. (2013) reported that positive beliefs about counseling outcomes significantly predicted help-seeking intentions among adolescents and young adults. These findings suggest that students who perceive counseling as beneficial are more likely to seek mental health support.

2.5 Impact of Perceived Barriers on Help-Seeking Intention

The perceived barriers to receiving mental health counseling among students can be categorized into service-delivery, personal, social, structural, and systemic barriers. Service-delivery barriers refer to obstacles related to the provision of counseling services, including long waiting times, the financial cost of treatment, limited availability of services, and concerns regarding the qualifications and competence of mental health professionals (Munder et al., 2022). These

barriers may discourage students from seeking professional support even when services are available.

Personal barriers are associated with individual beliefs, attitudes, and perceptions about mental health and counseling. One of the most commonly reported personal barriers is stigma, which can negatively affect self-perception and lead individuals to experience feelings of shame, guilt, embarrassment, or fear of being judged because of their mental health concerns (Girma et al., 2022). Stigma may also contribute to avoidance behaviors, causing students to conceal their difficulties and refrain from discussing mental health problems openly. Furthermore, some individuals may believe that they should manage their problems independently without professional assistance, thereby reducing their likelihood of seeking help (Munder et al., 2022).

Social barriers arise from interpersonal relationships and broader societal influences. These barriers include social isolation, lack of social support, discrimination, and societal expectations related to race, gender, religion, disability, age, or other social identities (Healthline, 2024). Such factors may create an environment in which students feel unsupported or reluctant to access counseling services.

Structural barriers relate to the availability and accessibility of mental health resources within a community. These barriers include shortages of mental health professionals, geographical distance from services, inadequate infrastructure, and financial constraints associated with treatment costs and insurance coverage (Munder et al., 2022). In many underserved and rural areas, limited access to mental health services significantly restricts opportunities for individuals to obtain appropriate care (Healthline, 2024).

Finally, systemic barriers refer to organizational policies, procedures, and institutional practices that hinder access to mental health care. These may include insufficient integration of mental health services within educational and healthcare systems, inadequate professional training, limited institutional support, and weak policy implementation (Ayalew et al., 2025). In school settings, low awareness of available counseling services, limited stakeholder engagement, and inadequate resource allocation can further reduce service utilization among students (Ayalew et al., 2025). Therefore, identifying and addressing these multidimensional barriers is essential for

developing effective interventions aimed at improving the mental well-being of students at Bole Secondary and Preparatory School.

Research has consistently identified perceived barriers as significant deterrents to mental health help-seeking. Gulliver et al. (2010) found that stigma, concerns about confidentiality, and a preference for self-reliance were among the strongest barriers preventing adolescents from seeking professional help. Likewise, Andrade et al. (2014) reported that structural barriers such as cost and accessibility significantly reduced service utilization. These findings indicate that increased perceptions of barriers are associated with lower intentions to seek counseling services.

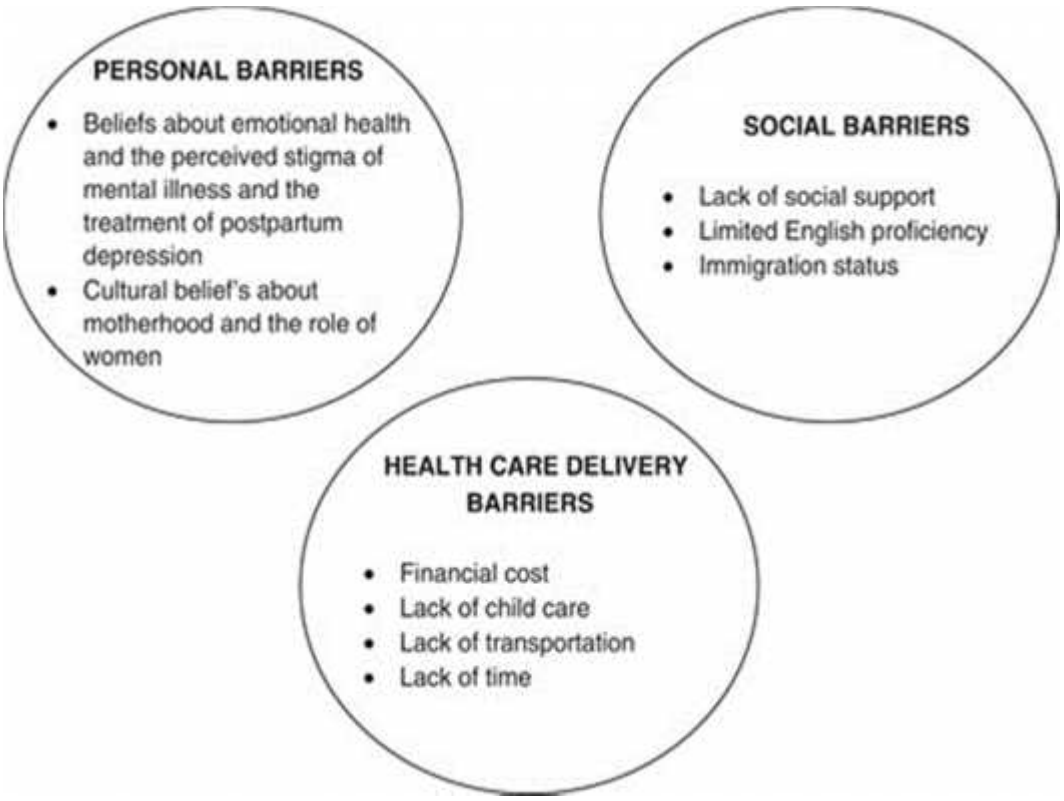

Figure 1 *Barriers To Seeking Mental Health Services*

Source: - Lynn Callister (2011)

2.6 Social Support as a Moderator of Help-Seeking Intention

For adolescent's social support serves as a vital psychological resource which helps buffer stressors associated with developmentally relevant and academically related life events. Therefore, perceived support has a direct influence on whether or not an adolescent will pursue professional services (Thoits, 2011). Social support is not limited to the existence of other

people. Rather, it is defined as the student's belief that has a supportive group of people upon whom she/he can rely when experiencing psychological distress.

Research indicates that social support is a significant predictor of help-seeking intentions. Studies suggest that when adolescents perceive that their support networks (especially family and peers) accept and encourage professional intervention for distress-related issues, the "psychological cost" of seeking help decreases dramatically (Xu et al. 2022). The family is typically reported as the foundation of this process. Adolescents who communicate openly with their caregivers about their feelings and concerns are much more likely to develop positive perceptions towards counseling, thus reducing stigma related to counseling, which may impede the individual from pursuing counseling (Ali et al. 2021; Gulliver et al. 2010).

Peer support also acts as a form of normative influence. When peers normalize the idea of seeking professional help as an appropriate reaction to stressful situations, they reduce fears associated with potential judgments from peers; thus allowing the student to focus on their own mental health rather than conforming to peer norms (Onigbogi et al. 2023; Barker et al. 2016).

In addition to functioning as a direct facilitator of help-seeking behaviors, social support also serves as a significant moderating variable. Research suggests that high levels of perceived social support can mitigate the effects of perceived barriers to seeking help. In essence, having a strong support system provides the courage needed to overcome barriers associated with seeking help (Fekadu et al. 2019). Studies conducted across various geographic locations including Ethiopia and sub-Saharan Africa demonstrate that adolescents who receive support from their teachers and school staff indicate greater likelihood of utilizing school-based counseling services (Kleintjes et al. 2010; Atilola, 2016).

Studies suggest that social support facilitates mental health service utilization. Rickwood et al. (2005) found that adolescents receiving encouragement from parents, teachers, and peers demonstrated stronger intentions to seek professional help. Similarly, Lindsey et al. (2013) reported that supportive social networks increased positive attitudes toward counseling and reduced stigma-related concerns.

2.7 Theoretical Framework

2.7.1 Health Belief Model

The Health Belief Model (HBM) is a psychological health behavior change model developed to explain and predict health-related behaviors, particularly regarding the utilization of health services. The model was originally developed in the 1950s by social psychologists working for the U.S. Public Health Service and remains one of the most widely used theoretical frameworks in health behavior research (Rosenstock, 1974; Champion & Skinner, 2008). The HBM proposes that individuals' beliefs about health problems, perceived benefits of taking action, perceived barriers to action, and self-efficacy influence their engagement in health-promoting behaviors. In addition, cues to action are considered necessary triggers that motivate individuals to adopt recommended health behaviors.

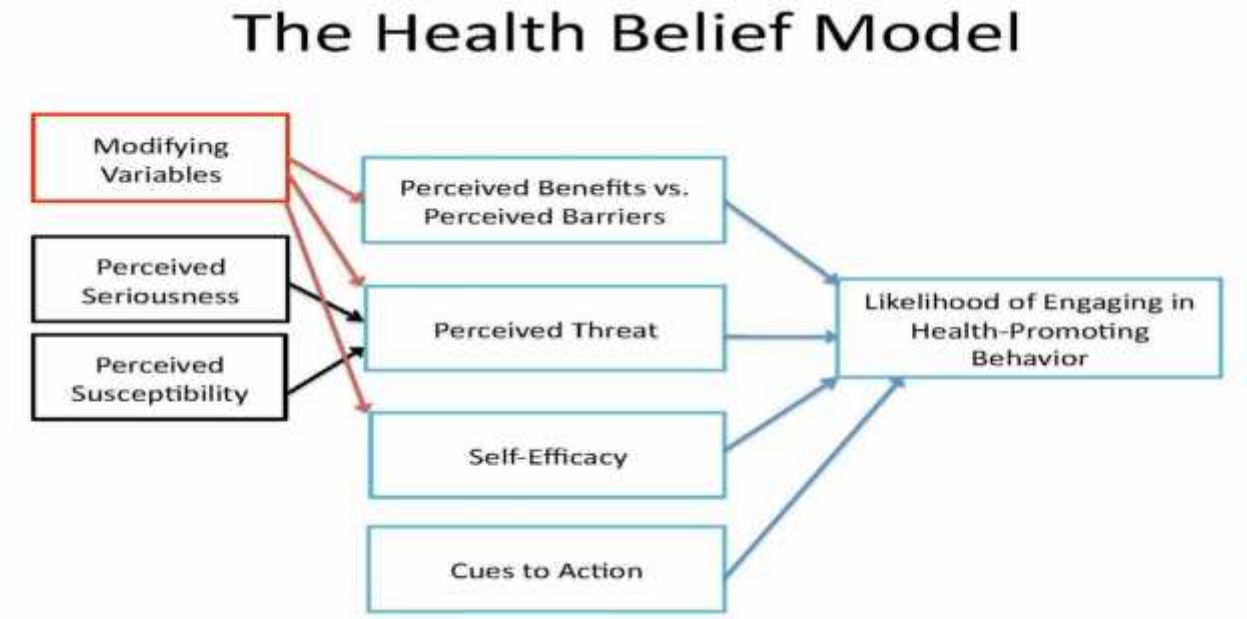

Figure 2 *Helath Belief Model*

Perceived Severity

Perceived severity refers to the subjective assessment of the severity of a health problem and its potential consequences. The health belief model proposes that individuals who perceive a given health problem as serious are more likely to engage in behaviors to prevent the health problem from occurring (or reduce its severity) (Rosenstock, 1974; Becker, 1974). Perceived seriousness encompasses beliefs about the disease itself (e.g., whether it is life-threatening or may cause disability or pain) as well as broader impacts of the disease on functioning in work and social

roles. For instance, an individual may perceive that influenza is not medically serious, but if he or she perceives that there would be serious financial consequences as a result of being absent from work for several days, then he or she may perceive influenza to be a particularly serious condition.

Perceived Susceptibility

Perceived susceptibility refers to subjective assessment of risk of developing a health problem. The health belief model predicts that individuals who perceive that they are susceptible to a particular health problem will engage in behaviors to reduce their risk of developing the health problem (Champion & Skinner, 2008). Individuals with low perceived susceptibility may deny that they are at risk for contracting a particular illness. Others may acknowledge the possibility that they could develop the illness, but believe it is unlikely. Individuals who believe they are at low risk of developing an illness are more likely to engage in unhealthy, or risky, behaviors. Individuals who perceive a high risk that they will be personally affected by a particular health problem are more likely to engage in behaviors to decrease their risk of developing the condition.

The combination of perceived severity and perceived susceptibility is referred to as perceived threat. Perceived severity and perceived susceptibility to a given health condition depend on knowledge about the condition. The health belief model predicts that higher perceived threat leads to higher likelihood of engagement in health-promoting behaviors (Glanz et al., 2008).

Perceived Benefits

Health-related behaviors are also influenced by the perceived benefits of taking action. Perceived benefits refer to an individual's assessment of the value or efficacy of engaging in a health-promoting behavior to decrease risk of disease. If an individual believes that a particular action will reduce susceptibility to a health problem or decrease its seriousness, then he or she is likely to engage in that behavior regardless of objective facts regarding the effectiveness of the action (Becker, 1974). For example, individuals who believe that wearing sunscreen prevents skin cancer are more likely to wear sunscreen than individuals who believe that wearing sunscreen will not prevent the occurrence of skin cancer.

Perceived Barriers

Health-related behaviors are also a function of perceived barriers to taking action. Perceived barriers refer to an individual's assessment of the obstacles to behavior change. Even if an individual perceives a health condition as threatening and believes that a particular action will effectively reduce the threat, barriers may prevent engagement in the health-promoting behavior (Glanz et al., 2008). In other words, the perceived benefits must outweigh the perceived barriers in order for behavior change to occur. Perceived barriers to taking action include the perceived inconvenience, expense, danger (e.g., side effects of a medical procedure) and discomfort (e.g., pain, emotional upset) involved in engaging in the behavior. For instance, lack of access to affordable health care and the perception that a flu vaccine shot will cause significant pain may act as barriers to receiving the flu vaccine.

Modifying Variables

Individual characteristics, including demographic, psychosocial, and structural variables, can affect perceptions (i.e., perceived seriousness, susceptibility, benefits, and barriers) of health-related behaviors (Rosenstock, 1974; Champion & Skinner, 2008).. Demographic variables include age, sex, race, ethnicity, and education, among others. Psychosocial variables include personality, social class, and peer and reference group pressure, among others. Structural variables include knowledge about a given disease and prior contact with the disease, among other factors. The health belief model suggests that modifying variables affect health-related behaviors indirectly by affecting perceived seriousness, susceptibility, benefits, and barriers.

Cues to Action

The health belief model posits that a cue, or trigger, is necessary for prompting engagement in health-promoting behaviors. Cues to action can be internal or external. Physiological cues (e.g., pain, symptoms) are an example of internal cues to action. External cues include events or information from close others, the media, or health care providers promoting engagement in health-related behaviors (Glanz et al., 2008. Examples of cues to action include a reminder postcard from a dentist, the illness of a friend or family member, and product health warning labels. The intensity of cues needed to prompt action varies between individuals by perceived susceptibility, seriousness, benefits, and barriers. For example, individuals who believe they are

at high risk for a serious illness and who have an established relationship with a primary care doctor may be easily persuaded to get screened for the illness after seeing a public service announcement, whereas individuals who believe they are at low risk for the same illness and also do not have reliable access to health care may require more intense external cues in order to get screened.

Self-Efficacy

Self-efficacy was added to the four components of the health belief model (i.e., perceived susceptibility, seriousness, benefits, and barriers) in 1988. Self-efficacy refers to an individual's perception of his or her competence to successfully perform a behavior (Bandura, 1997). Self-efficacy was added to the health belief model in an attempt to better explain individual differences in health behaviors. The model was originally developed in order to explain engagement in one-time health-related behaviors such as being screened for cancer or receiving an immunization. Eventually, the health belief model was applied to more substantial, long-term behavior change such as diet modification, exercise, and smoking. Developers of the model recognized that confidence in one's ability to effect change in outcomes (i.e., self-efficacy) was a key component of health behavior change.

2.7.2 Theory of Planned Behavior

The Theory of Planned Behavior (Ajzen, 1988, 1991) extends the Theory of Reasoned Action by including perceived behavioral control. The Theory of Planned Behavior posits that a behavior is directly determined by an individual's intentions and perceived behavioral control. Perceived behavioral control, also referred to as self-efficacy, encompasses the extent to which an individual believes they have control over performing that behavior. Intentions, in turn, are directly predicted by (1) an individual's attitude towards the behavior, subjective norms, and perceived behavioral control (Abraham, C & Sheeran, P. (2004)

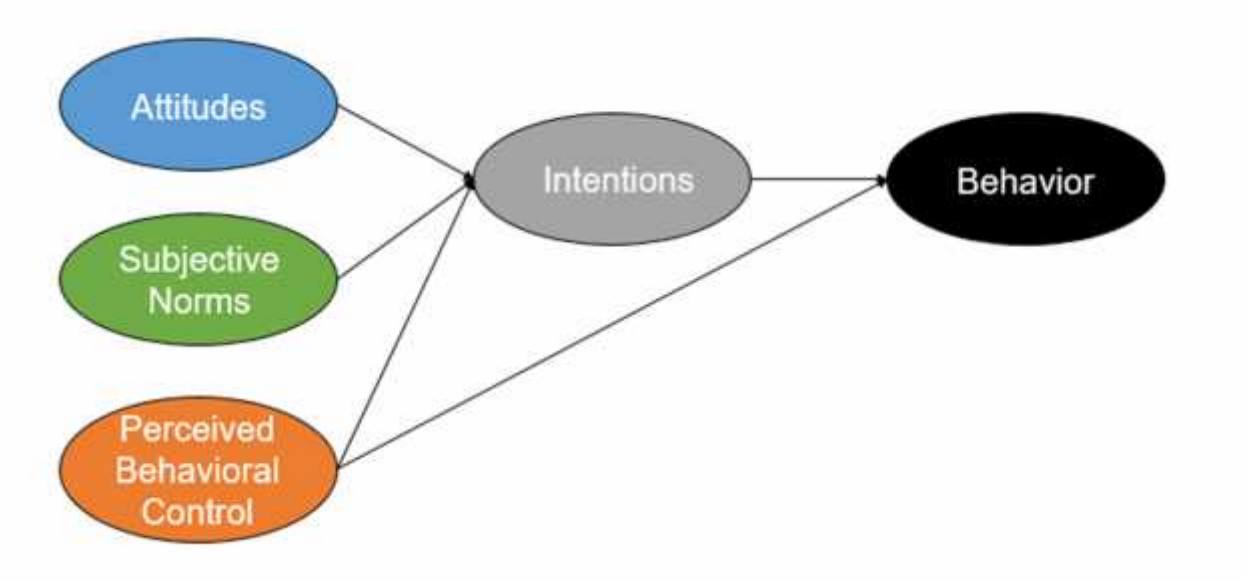

Figure 3 *Theory of Planned Behavior*

Attitudes, subjective norms, and perceived behavioral control do not always contribute equally to predicting intentions. Sometimes, an individual's intentions may be determined largely by attitudes, and subjective norms may have little or no influence. Other times, an individual's intentions may be determined largely by subjective norms, and attitudes may have little or no influence. For example, college students' intentions to meditate may largely be driven by their attitudes that meditating every day is good, beneficial, and important; whether or not other people think they should meditate may not influence their intentions as strongly. The only way to determine the relative importance of (or weighting) of attitudes, subjective norms, and perceived behavioral control on intentions is to measure these variables across a group of study participants and run a statistical analysis

The Theory of Planned Behavior posits that intentions lead to behavior; however, intentions do not always guarantee behavior (Ajzen, 1991). For example, someone might intend to meditate everyday but not follow through. There are several factors that influence the strength of the relationship between intentions and behavior.

First, the Theory of Planned Behavior underscores a principle of specificity. This means that in order to best predict behavior, the attitudes, subjective norms, and perceived behavioral control beliefs must relate to specific intentions and a subsequent specific behavior. These frameworks note that any given behavior includes an action, target, context and time period. For example, a

goal might be “to meditate for 20 minutes before bed each day in the upcoming month.” In this example, “meditating” is the action, “20 minutes” is the target, “before bed each day” is the context, and “in the upcoming month” is the time period. As the specificity of the behavior increases, intentions become a better predictor of behavior (Fishbein & Ajzen, 2010).

Additionally, the temporal stability of intentions influences the strength of the relationship between intentions and behavior. If an individual’s intentions fluctuate over time (e.g., some days I intend to meditate, and other days I do not), then intentions measured at one particular time might not predict subsequent behavior (e.g., Rhodes & Dickau, 2013). As the stability of an individual’s intentions increases over time, intentions become a better predictor of behavior.

The Theory of Planned Behavior focuses on rational reasoning and excludes the role of emotional and subconscious influences (see, e.g., Sniehotta, Presseau, & Araújo-Soares, 2014). Scholars have argued for the importance of these variables and have therefore suggested that anticipated emotions and past, habitual behaviors should be added to the Theory of Planned Behavior to better predict intentions and subsequent behavior.

People anticipate the emotions they will experience after performing a particular behavior for example, an individual might anticipate feeling regret, guilt, or pride if they do or do not perform a given behavior. Anticipated emotions can therefore shape and motivate behaviors as people strive to avoid negative feelings and attain positive feelings (Baumeister, Vohs, DeWall, & Zhan 2007; O’Keefe, 2065). Past research has found that anticipated emotions have added to the explanatory power of the Theory of Planned Behavior for predicting, for example, cancer screening (McGilligan, McClenahan, & Adamnson, 2009), vaccination (Gallagher & Povey, 2006), seat belt use (Şimşekoğlu & Lajunen), caregiving behaviors (Tracy & Robins, 2004), bone marrow donation (Lindsey, Yun, & Hill, 2007), and organ donor registration (Wang, 2011).

Specific anticipated emotions that have been studied include anticipated regret, guilt, and pride. For example, one meta-analysis found that anticipated regret added significantly and independently to the prediction of both intentions and prospective behavior over and above Theory of Planned Behavior variables (Sandberg & Conner, 2008). Past research also notes that people will avoid actions that they anticipate will make them feel guilty. Thus anticipated guilt serves as an important predictor of intentions (O’Keefe, 2002). Finally, anticipated pride can

impact intentions and behaviors, specifically for behaviors that conform to social standards and prosocial behaviors (Tracey & Robins, 2004).

Past behavior can have a significant influence on future behavior, specifically when the past behavior is habitual or routine (Ouellette & Wood, 1998; Sniehotta, 2014). This habitual behavior is oftentimes automatic instead of fully intentional and thus can influence intentions themselves or directly influence behavior by sidestepping intentions. As the behavior becomes more habitual, the relationship between past behavior and future behavior increases. Past research has found this to be the case for, for example, cancer screening (Norman & Cooper, 2011), riding a bicycle (Bruijn & Gardner, 2011), eating behaviors (Bruijn, 2010), exercise (Bruijn & Rhodes, 2010), and alcohol consumption (Norman & Conner, 2006).

2.8 Research Gap

There are still many significant gaps in the literature related to adolescent mental health help-seeking. First, almost all the empirical work that has been done in this area has taken place in western countries; therefore, very little research has focused upon adolescents who reside in lower- and middle-income countries, such as Ethiopia.

Second, there is also a deficiency in school-based studies that investigate both perceived benefits and perceived barriers to seeking mental health counseling, while simultaneously investigating help-seeking intentions within one study design. Third, while social support was found to be one of the factors which would affect whether or not students seek out help when they perceive both benefits and barriers to doing so, relatively few studies have examined the effect of social support as a moderator of the relationship between perceived benefits/barriers and help-seeking intentions.

Therefore, there is a need to develop local evidence that can guide the development of culturally responsive school based interventions for improving adolescent mental health.

2.10 Conceptual Framework of the Study

Based on the Health Belief Model and the Theory of Planned Behavior, the study proposes that perceived benefits positively influence help-seeking intention, whereas perceived barriers negatively influence help-seeking intention. Social support is expected to moderate these relationships by strengthening the positive effect of perceived benefits and reducing the negative effect of perceived barriers. Accordingly, help-seeking intention serves as the dependent variable, perceived benefits and perceived barriers are independent variables, and social support functions as a moderating variable.

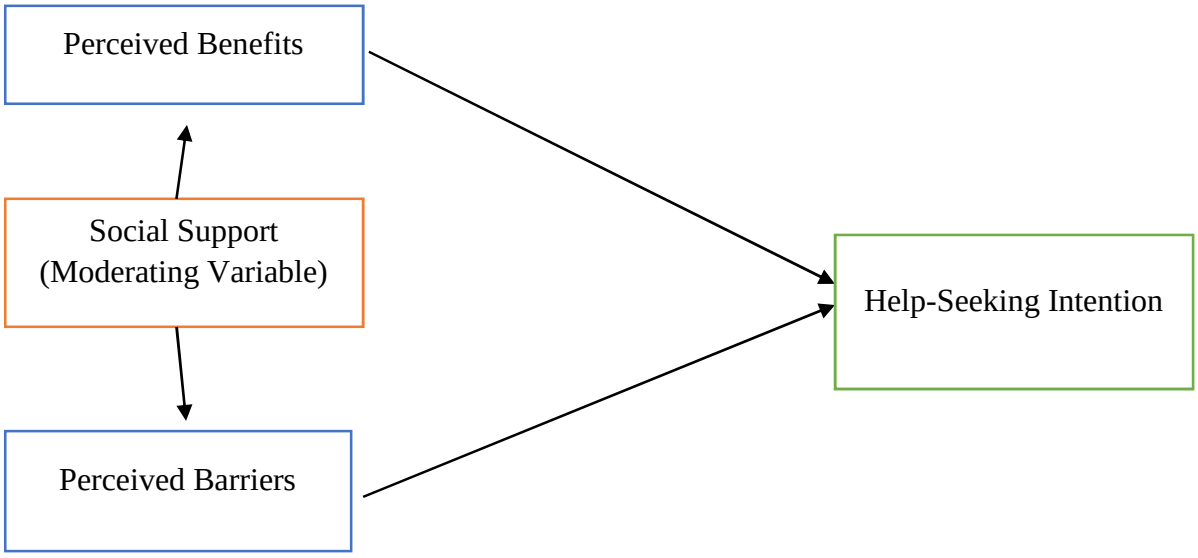

Figure 4 *Conceptual framework of the study*

Source*: Researcher's own conceptualization based on the Health Belief Model and reviewed literature (2025/26).*

UNIT THREE: RESEARCH METHODS AND PROCEDURES

3.1 Research Design

This study employed a quantitative cross-sectional correlational survey design. A cross-sectional design was considered appropriate because data were collected from participants at a single point in time, allowing the researcher to assess students' perceptions and intentions regarding mental health counseling within the existing school context. The correlational aspect of the design was suitable because the study sought to examine the relationships among perceived benefits, perceived barriers, social support, and help-seeking intention without manipulating any of the variables. Furthermore, the design enabled the researcher to determine whether social support moderates the relationship between perceived benefits, perceived barriers, and students' intentions to seek mental health counseling. Since the study aimed to investigate associations among naturally occurring variables rather than establish cause-and-effect relationships, a cross-sectional correlational survey design was deemed most appropriate (Creswell & Creswell, 2018)

3.3 Research Approach

The study used a quantitative research approach to examine the relationship between the research variables. This approach was seen as an appropriate tool because it allowed the researcher to collect numerical data from a relatively large group of students and to analyze patterns and relationships between the variables based on the objectives of the study.

3.4 Study Area

According to the Official School Information Management System (SIM) fromed Addis Ababa City Administration Education Bureau (AACEB) there are 84 government own secondary schools in the city. Among this school Bole Secondary School is one of the prominent school which was established in 1974 E.C. (1981/1982 G.C.). currently the school accommodates about 1,241 students from grade 9 to 12 and it consist 134 staff members among these 134 were teachers and 49 were administrative personnel. This school is chosen because it is one of the leading and representative government schools within Ethiopia's educational system again the school is widely recognized as a high-performing public institution and has served as a pilot model school this make it an appropriate setting for examining adolescent mental health–related issues.

3.5 Study Population

All student from grade 9-12 at Bole secondary school during 2025/2026GC academic year were the population of this study.

3.6 Sampling Procedure and Sampling Techniques

A multi-stage sampling procedure was employed to select participants for the study. First, purposive sampling was used to select Bole Secondary and Preparatory School as the study site. The school was chosen because it has a relatively well-organized counseling service compared to many government secondary schools, making it an appropriate setting for investigating students' help-seeking intentions toward mental health counseling. In addition, the school is recognized for its strong academic performance and has been selected by the government as a pilot school for the implementation and evaluation of educational curricula. These characteristics suggest the presence of relatively established educational and student support systems, making the school a suitable context for the present study.

Following the selection of the school, stratified sampling was used to divide the student population into strata based on academic level (Grades 9, 10, 11, and 12) and class sections. Proportional sampling was then employed to allocate the sample size to each stratum according to its relative population size, thereby ensuring adequate representation of students across all grade levels. Finally, simple random sampling was used to select individual participants from each section, giving every student within the selected strata an equal chance of being included in the study

3.6.1 Sampling Procedures

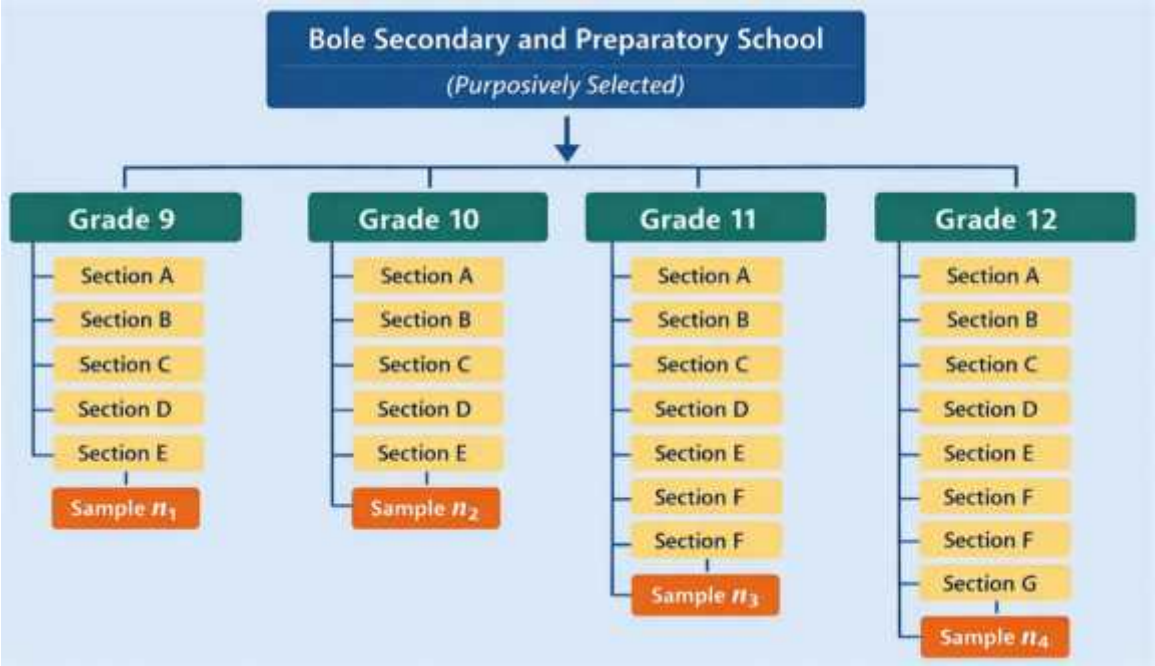

Figure 5*:Sampling procedure*

3.6.2 Sample Size

The sample size for this study was determined using **Yamane's (1967) formula**, which is appropriate for finite populations:

$$\mathbf{n=N/1+N(e)2}$$

Where:

- **n** = Sample size
- **N** = Total population size (1241 students in Grades 9–12)
- **e** = Margin of error (5% or 0.05)

Substituting the values:

$n=1241/1+1241(0.05)^2$ **= n≈303**

Therefore, the final sample consisted of 303 students proportionally selected from Grades 9–12 at Bole Secondary and Preparatory School, which had a total student population of 1,241 students, ensuring adequate representation for examining perceived benefits, perceived barriers, help-seeking intention, and the moderating role of social support.

3.6.3 Proportional Sample Allocation

The final sample size of 303 students was be proportionally allocated across grades 9–12 and their respective sections, as shown in Tables 2 below. Proportional allocation ensures that each class and gender group is adequately represented in the sample.

Table 1*: Summary of Target Population and Proportional Sample Size*

No.	Grade	Section	Male	Female	Total Population	Sample Size
I		A to F	178	170	348	85
1		A	29	29	58	14
2		B	29	27	56	14
3	**Grade 9**	C	30	28	58	14
4		D	29	30	59	15
5		E	31	28	59	14
6		F	30	28	58	14
II		A to E	119	120	239	58
1		A	25	23	48	12
2		B	23	24	47	11
3	**Grade 10**	C	24	25	49	12
4		D	22	25	47	11
5		E	25	23	48	12
III		A to F	151	150	301	74
1		A	26	24	50	12
2		B	25	25	50	12
3	**Grade 11**	C	24	26	50	12
4		D	23	27	50	12
5		E	29	22	51	13
6		F	24	25	49	13
IV		**A to G**	**172**	**181**	**353**	**86**
1	**Grade 12**	A	24	25	49	12

2	B	27	23	50	12
3	C	23	28	51	13
4	D	25	25	50	12
5	E	26	25	51	13
6	F	24	26	50	12
7	G	23	27	50	12
Total		**620**	**621**	**1,241**	**303**

3.7 Inclusion and exclusion criteria

3.7.1 Inclusion Criteria

Participants are eligible for inclusion if they are currently enrolled as full-time students in Grades 9 through 12 at Bole Secondary School for the 2025/2026 academic year. Furthermore, eligibility was dependent on the students' expressed willingness to participate in the research by completing the self-administered questionnaires provided.

3.7.2 Exclusion Criteria

Certain conditions were established to exclude individuals from the study in order to maintain the integrity and focus of the research. First, individuals who were not currently enrolled as students at Bole Secondary and Preparatory School were ineligible for participation. Additionally, students who were unable to provide informed assent or whose parents/guardians did not provide the required consent were excluded from the study. To minimize potential response bias and research fatigue, students who had participated in similar studies related to mental health help-seeking within the previous year were also excluded. Accordingly, a total of eight students were excluded from the study due to the absence of the required consent and prior participation in similar research.

3.8 Method of Data Collection

Data were collected using a structured self-administered questionnaire adapted from previously validated instruments widely used in mental health help-seeking research. The questionnaire consisted of closed-ended items measured on a five-point Likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree. The instrument was designed to assess perceived benefits,

perceived barriers, social support, and help-seeking intention regarding mental health counseling among secondary school students.

The questionnaire comprised five sections. The first section collected demographic information (5 items), including gender, age, grade level, family educational level, and previous counseling experience. The subsequent sections measured the major study variables using adapted items from established scales. Perceived benefits of mental health counseling were measured using six items adapted from the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPH-SF) developed by Fischer and Farina (1995). These items assessed students' beliefs regarding the usefulness, effectiveness, and positive outcomes of counseling services.

Perceived barriers were measured using six items adapted from the Barriers to Adolescents Seeking Help Scale (BASH-B) and related help-seeking barrier measures developed by Wilson et al. (2005) and Gulliver et al. (2010). The items assessed factors that may discourage students from seeking counseling, including stigma, fear of judgment, confidentiality concerns, cultural mismatch, and preference for self-reliance.

Social support was measured using six items adapted from the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988). These items assessed the extent of emotional, informational, and practical support students perceived from family members, friends, and significant individuals within the school environment.

Help-seeking intention was measured using six items adapted from the General Help-Seeking Questionnaire (GHSQ) developed by Wilson, Deane, Ciarrochi, and Rickwood (2005). The items assessed students' willingness, readiness, and likelihood of seeking professional mental health counseling when experiencing emotional or psychological difficulties.

To ensure content validity, the adapted questionnaire was reviewed by experts in counseling psychology and educational research to evaluate the relevance, clarity, and appropriateness of the items for the study population. Furthermore, the instrument was pilot-tested on a group of students with characteristics similar to those of the target population. Feedback obtained during the pilot study was used to refine item wording and improve the clarity and comprehensibility of the questionnaire. The pilot test also provided preliminary evidence regarding the reliability and suitability of the instrument for the main study.

3.9 Pilot Test and Data Quality

Pre-testing of the survey took place in a smaller sample group of students at Shimelis Habtea secondary school that had similar demographics as the main study area. The pilot study allowed to evaluate the clarity, the use of appropriate terminology, and the understanding of each item.

3.9.1 Validity

Content validity of the instrument was achieved through use of items from prior-validated assessments and it was reviewed by counselors and researchers in education to determine if the items assessed all critical components.

3.9.2 Reliability

The questionnaires' reliabilities were measured by means of Cronbach's alpha coefficients and the acceptable value for alpha should be at least 0.7. Table 3 reports that three out of the four scales achieved values that meet this criterion to an appropriate degree. The fourth social support scale obtained a Cronbach's Alpha of .621; which falls short of the criteria.

Table 2*:Cronbach's alpha*

No_	Variables	Number of items	Cronbach's alpha
1	Perceived Benefits	6	.719
2	Perceived Barriers	6	.779
3	Social support	6	.621
4	Help-seeking intentions	6	.722

3.10 Data Analysis

The collected data were analyzed using the employing SPSS (statistical package for the Social Sciences), statistical software that provides various quantitative statistical analysis methods. Once all the items were found to be complete, the data was coded and then inputted into SPSS, where each item was double-checked to reduce the number of potential entry errors. Descriptive statistics provided frequency distributions and percentiles for categorical variables such as gender, academic level, prior counseling experience; and mean scores, standard deviations for continuous variables. Additionally, tables, bar graphs and histograms were used to assist in providing a clear representation of the findings.

Conversely, inferential statistics was utilized in order to investigate the relationship between variables. Specifically, Pearson's correlation coefficients were computed to determine both the strength and direction of associations between the independent and dependent variables

Multiple regression analysis was conducted to assess the association of perceived benefit(s) and perceived barrier(s) with students' intentions to seek mental health counseling.

3.11 Ethical Considerations

The Participants weren’t required to provide any personally identifiable information such as names, identification numbers, or contact details. All responses were collected using anonymous questionnaires, and the data was securely stored and accessed only by the researcher for academic purposes.

In addition, participants were fully informed about the purpose of the study, the procedures involved, and their rights before taking part in the research. Participating in the study was entirely voluntary, and students had the right to decline participation or withdraw from the study at any stage without any negative consequences. Furthermore, the study was ensured that no psychological or emotional harm comes to participants during the data collection process. The questionnaire was designed in a respectful and non-intrusive manner, avoiding sensitive or triggering language as much as possible.

CHAPTER FOUR: RESULTS

4.1 Response Rate

The sample size of the study was 303, and this questionnaire were distributed to participants; however, some respondents did not return the questionnaire, and some were not properly filled out or answered. Therefore, the final number of valid questionnaires used for data analysis was 275, which corresponds to a response rate of 90.7%. This is very adequate to represent the total sample of participants.

4.2 Descriptive Analysis

4.2.1 Demographic characteristics of respondents

Table 3: *Demographic Characteristics of Respondents (N=275)*

Demographic Variable	Category	Frequency (*n*)	Percentage (%)
Age	14–16 years	137	49.8%
	17–19 years	99	36.0%
	20–21 years	39	14.2%
Gender	Male	160	58.2%
	Female	115	41.8%
Grade Level	Grade 9	68	24.7%
	Grade 10	49	17.8%
	Grade 11	69	25.1%
	Grade 12	89	32.4%
Family Education Level	No formal education	5	1.8%
	Primary education	20	7.3%
	Secondary education	46	16.7%
	Diploma or TVET certificate	73	26.5%
	Bachelor's degree	102	37.1%
	Master's degree and above	29	10.5%
Previous Counseling Experience	Yes	186	67.6%
	No	89	32.4%

Table 3 presents the demographic characteristics of the study participants. Regarding age, nearly half of the respondents (49.8%) were between 14 and 16 years old, followed by 36.0% who were between 17 and 19 years old, while only 14.2% were aged between 20 and 21 years. This indicates that the majority of the participants were in the typical adolescent age range for secondary school students. In terms of gender, males constituted 58.2% of the sample, whereas females accounted for 41.8%, suggesting a relatively higher representation of male students in the study.

With respect to grade level, Grade 12 students represented the largest proportion of participants (32.4%), followed by Grade 11 students (25.1%), Grade 9 students (24.7%), and Grade 10 students (17.8%). This distribution demonstrates that students from all grade levels were represented in the study, with a slightly greater proportion of participants drawn from the upper grades. Regarding family educational background, the largest group of respondents reported that their parents held a bachelor's degree (37.1%), followed by a diploma or TVET certificate (26.5%) and secondary education (16.7%). Only a small proportion of participants reported that their parents had no formal education (1.8%). These findings suggest that a considerable number of students came from relatively educated family backgrounds.

Concerning previous counseling experience, more than two-thirds of the respondents (67.6%) indicated that they had previously talked with a school counselor, while 32.4% reported having no prior counseling experience. This finding may suggest a relatively high level of exposure to counseling services among students in the study school, which could influence their perceptions of counseling, perceived benefits and barriers, and intentions to seek professional mental health support.

4.2.2 Summary of Descriptive Statistics for the Major Study Variables

Table 4 *Summary of Descriptive Statistics for the Major Study Variables (N = 275)*

Variable	Minimum	Maximum	Mean	Std. Deviation
Perceived Benefits	1.00	5.00	3.70	0.89
Perceived Barriers	1.00	5.00	4.04	0.61
Social Support	2.00	5.00	4.05	0.61
Help-Seeking Intention	1.00	5.00	4.07	0.65

Note. Values represent composite descriptive statistics for each study variable.

Table 4. presents the overall descriptive statistics for the major study variables, namely perceived benefits, perceived barriers, social support, and help-seeking intention toward mental health counseling among students at Bole Secondary and Preparatory School. The findings indicate that students generally reported favorable perceptions across all study variables. Help-seeking intention recorded the highest mean score (M = 4.07, SD = 0.65), followed closely by social support (M = 4.05, SD = 0.61) and perceived barriers (M = 4.04, SD = 0.61). Perceived benefits also received a relatively high mean score (M = 3.70, SD = 0.89). These results suggest that students generally recognize the value of mental health counseling, perceive substantial support from their social networks, and demonstrate a strong willingness to seek professional help when experiencing psychological difficulties.

The relatively high mean score for perceived benefits indicates that students largely believe that mental health counseling can contribute positively to their well-being, emotional adjustment, and problem-solving abilities. This finding is consistent with previous studies that reported a positive association between favorable attitudes toward counseling and willingness to seek professional psychological help (Fischer & Farina, 1995; Nam et al., 2013). The finding may also reflect increasing awareness of mental health issues among adolescents and greater acceptance of counseling services within school settings. Given that Bole Secondary and Preparatory School has an established counseling service, students may have had greater exposure to information regarding the potential benefits of counseling, thereby strengthening positive perceptions toward professional mental health support.

The findings further reveal that students reported a high level of perceived social support. This suggests that family members, peers, and teachers are generally viewed as accessible and supportive sources of assistance during emotional or psychological difficulties. The result supports the social support literature, which emphasizes that supportive social relationships can encourage positive coping behaviors and facilitate professional help-seeking among adolescents (Zimet et al., 1988; Rickwood et al., 2005). In the Ethiopian context, where family and community relationships often play a central role in personal decision-making, strong social support may enhance students' confidence in seeking professional counseling services when needed.

Interestingly, students also reported relatively high perceived barriers to seeking mental health counseling. This finding suggests that despite recognizing the benefits of counseling and receiving support from significant others, concerns related to stigma, confidentiality, self-reliance, and fear of judgment remain important obstacles. Similar findings have been reported in previous studies, where adolescents expressed positive attitudes toward counseling while simultaneously reporting barriers that discouraged actual service utilization (Gulliver et al., 2010; Wilson et al., 2005). Nevertheless, the high level of help-seeking intention observed in the present study indicates that the perceived benefits of counseling and available social support may outweigh these barriers for many students. This pattern highlights the complex nature of adolescent help-seeking behavior and underscores the importance of strengthening school counseling services, enhancing confidentiality practices, and implementing stigma-reduction interventions to further promote mental health service utilization among secondary school students.

4.3 Correlation Among the Study Variables

This study used a Pearson correlation coefficient (r) which is a correlation coefficient that measures linear correlation between two sets of data. It is the ratio between the covariance of two variables and the product of their standard deviations; thus, it is essentially a normalized measurement of the covariance, such that the result always has a value between −1 and 1(TU Delft textbook 2025)

Table 5*:Correlation Analysis for Study Variables*

Variable	**1**	**2**	**3**
1. Perceived Benefits	—		
2. Perceived Barriers	-.127*	—	
3. Social Support	.358**	.016	—
4. Help-Seeking Intention	.093**	.554**	.271**

Note. $p < .05$. **p** < .01 (2-tailed).

Among the variables perceived barriers were very strongly and positively correlated with help-seeking intention (r =. 554, p <. 001). Contrary to what would be expected, higher levels of perceived barriers predicted more intention to seek counseling rather than dampening students' willingness to pursue help. Although apparently contradictory, this may imply that students who were more forewarned about barriers to help-seeking had previously engaged with the idea of seeking professional help; thus their awareness of such potential barriers may have been present simultaneously with their plans to seek help (as intent is not the same as behavior).

Social support also demonstrated a meaningful and statistically significant positive relationship with help-seeking intention (r = .271, p < .001), which indicate that students who felt more supported by their family, friends, and school community were more inclined to seek professional mental health counseling. This finding aligns with the broader literature suggesting that social encouragement plays an important role in motivating young people to reach out for professional help.

Interestingly, perceived benefits did not show a statistically significant relationship with help-seeking intention ($r = .093$, $p = .124$). This indicate that the belief in counseling's value did not alone determine an expressed intent for counseling, indicating that social and emotional influences may be greater determinants of seeking help than individual appraisals of counseling's value alone.

There was a positive statistically significant association ($p < .001$) between perceived benefits and social support ($r = .358$). In general, if you feel that others are there to support you then your perception of the benefits of counseling is generally higher. It would make logical sense that people who have supportive people around them are exposed to better perceptions of seeking mental health help. The associations between perceived benefits and perceived barriers to counseling was very small and negative ($r = -.127$; $p = .036$), which indicates that when students see more value in counseling they tend to believe that there are less obstacles.

Finally, perceived barriers and social support showed no significant relationship ($r = .016$, $p = .794$), indicating that the level of social support a student received had little bearing on how many barriers they perceived toward seeking help.

4.4 Regression Analysis of Factors Predicting Help-Seeking Intention

A multiple regression analysis was conducted to assess the association of perceived benefits, perceived barriers, and social support with students' help-seeking intention for mental health counseling.

4.4.1 Assumptions of Multiple Regression Analysis

Before conducting regression two major assumption in multiple linear regression were tested normality linearity each of these must be satisfied before any attempt made to explain relationship between dependent explain variables so researcher checked these necessary least square assumptions and demonstrated compliance with them current level of compliance supports use least square regression

1. Normality

With respect to normality Frequency Distribution result from standardized residuals of regression indicates the histogram of the frequencies producing bell-shaped curve therefore no problem identified with regards to meeting assumption normality Garson (2012).

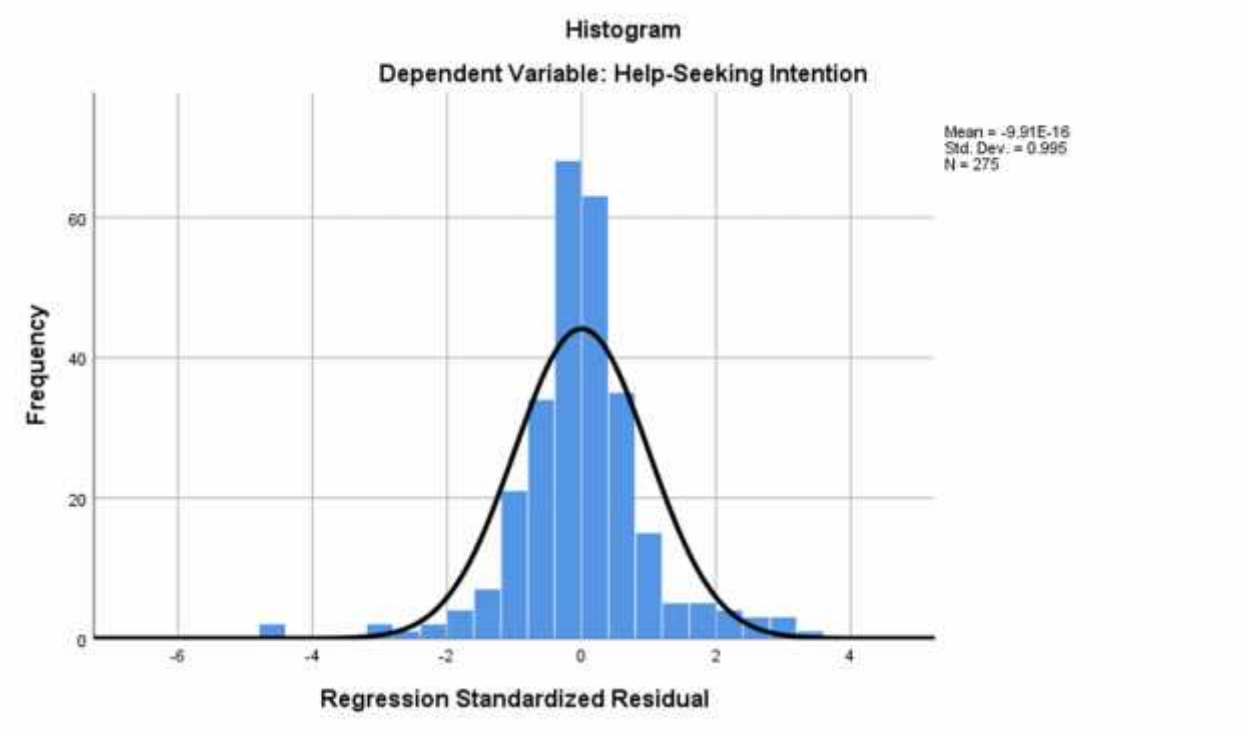

Figure 6*:Normality Test*

2. Linearity test

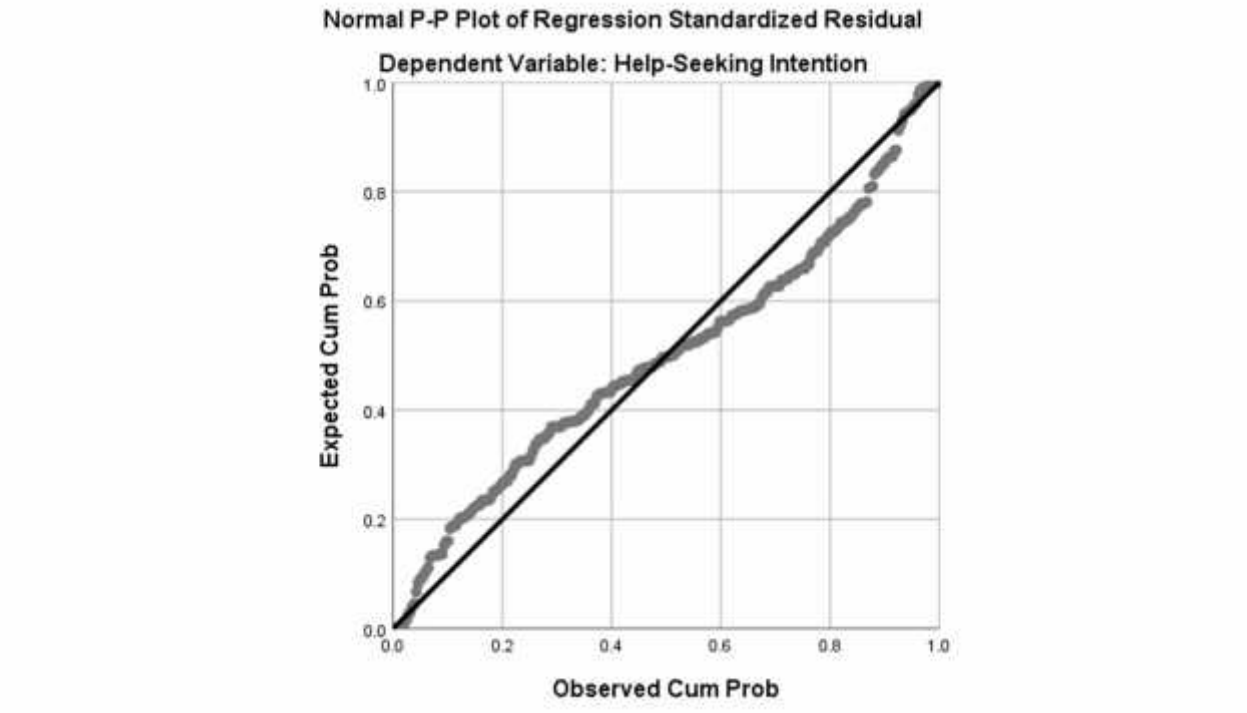

Figure 7*:Linearity Test*

The Normal P-P plot in Figure 10 was used to check whether the residuals of the regression model were normally distributed. As seen in the plot, the data points fall closely along the diagonal reference line, so it indicates that the normality assumption is reasonably satisfied. The scatter plot also serves as a linearity check, and the fact that the points align along the line confirms that there is a linear relationship between the dependent variable, help-seeking intention, and the independent variables.

4.4.2 Predictive Effects of Perceived Benefits, Perceived Barriers, and Social Support on Help-Seeking Intention

Multiple regression analysis is used to investigate the degree to which two or more independent variables are able to predict, or explain in a statistically significant way, changes in a dependent variable. This study used multiple regression analyses to investigating the joint and individual predictive power of perceived benefit, perceived barriers, demographic variables and social support for mental health counseling help-seeking intention amongst students.

Table 6*: Model Summary for the Regression Analysis Predicting Help-Seeking Intention (N = 275)*

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate	F	df	p
1	.620	.384	.366	2.027	20.734	(8, 266)	< .001

a. Predictors: (Constant), Previous Counseling Experience, Social Support, Perceived Barriers, Gender, Grade level, Family Education level, Age, Perceived Benefits

The regression model summary presented in Table 6 indicates that the set of predictor variables collectively explained a significant proportion of the variance in help-seeking intention. The model yielded a multiple correlation coefficient of R = .620 and an R^2 value of .384, indicating that 38.4% of the variance in help-seeking intention was explained by the combined effects of perceived benefits, perceived barriers, social support, and the socio-demographic variables included in the model. The adjusted R^2 value of .366 further suggests that, after adjusting for the number of predictors, approximately 36.6% of the variance in help-seeking intention remained explained by the model. The overall regression model was statistically significant, $F(8, 266) = 20.734$, $p < .001$, indicating that the predictor variables jointly contributed to the prediction of help-seeking intention.

Table 7*: Multiple Regression Coefficients Predicting Help-Seeking Intention (N = 275)*

Predictor	B	SE B	β	t	p
Constant	2.660	2.078	—	1.280	.202
Perceived Benefits	.061	.039	.083	1.547	.123
Perceived Barriers	.559	.049	.562	11.300	< .001***
Social Support	.276	.062	.234	4.451	< .001***
Gender	-.058	.253	-.011	-0.230	.818
Age	-.161	.187	-.045	-0.859	.391
Grade Level	-.001	.109	.000	-0.009	.993
Family Education Level	.055	.109	.025	0.503	.616
Previous Counseling Experience	.222	.296	.041	0.750	.454

Note. Dependent Variable: Help-Seeking Intention.

***p* < .001.

The regression coefficients revealed that perceived barriers emerged as the strongest predictor of help-seeking intention (β = .562, t = 11.300, p < .001). This finding indicates that perceived barriers made the largest unique contribution to the prediction of help-seeking intention among the variables included in the model. Social support was also found to be a significant positive predictor (β = .234, t = 4.451, p < .001), suggesting that students who reported higher levels of support from family, peers, and school personnel were more likely to express intentions to seek professional mental health counseling. In contrast, perceived benefits did not significantly predict help-seeking intention (β = .083, t = 1.547, p = .123), indicating that positive beliefs about counseling alone were insufficient to significantly influence students' intentions when the effects of the other variables were considered simultaneously.

Regarding the socio-demographic variables, none were found to be statistically significant predictors of help-seeking intention. Gender (β = -.011, p = .818), age (β = -.045, p = .391), grade level (β = .000, p = .993), family education level (β = .025, p = .616), and previous counseling experience (β = .041, p = .454) all failed to reach statistical significance. These findings suggest that students' intentions to seek mental health counseling were influenced more

strongly by psychological and social factors than by demographic characteristics. Overall, the results highlight the importance of perceived barriers and social support in understanding students' help-seeking intentions for mental health counseling within the context of Bole Secondary and Preparatory School.

4.4.3 Moderating Effect of Social Support on the Relationship Between Perceived Benefits and Help-Seeking Intention

To evaluate the moderating role of social support, a hierarchical moderation analysis was conducted using Hayes' PROCESS Macro (Model 1). All variables were mean-centred prior to computing interaction terms, consistent with standard PROCESS protocols. The model examined whether social support (W) moderated the associations between perceived benefits (X1) and perceived barriers (X2) on help-seeking intentions (Y) among the student population. Results of the regression model are presented in Table 8.

Table 8: Regression Coefficients and Interaction Statistics (PROCESS Model 1)

Constant (Intercept)	3.20	0.04	78.41	< .001	Significant
Perceived Benefits (X1)	0.083	0.05	10.19	< .001	Significant (+)
Perceived Barriers (X2)	0.562	0.04	9.43	< .001	Significant (+)
Social Support (W)	0.23	0.04	5.60	< .001	Significant (+)
Benefits x Social Support	0.07	0.05	1.42	.159	Not Significant
Barriers x Social Support	0.16	0.04	4.23	< .001	Significant (key)

Note. *$R^2 = 0.627$, Adjusted $R^2 = 0.614$, $F(5, 144) = 48.36$, $p < .001$. Variables mean-centred prior to interaction product computation.*

To further probe the significant Barriers × Social Support interaction, simple slopes were computed at three conditional levels of social support: low (−1 SD), mean, and high (+1 SD). Results are summarised in Table 9 and visually presented in Figure 1.

Table 9. Conditional Simple Slopes of Perceived Barriers on Help-Seeking Intention at Three Levels of Social Support

Low Social Support (−1 SD)	0.21	p < .001 (Modest positive effect)
Mean Social Support	0.36	p < .001 (Moderate positive effect)
High Social Support (+1 SD)	0.52	p < .001 (Amplified positive effect)

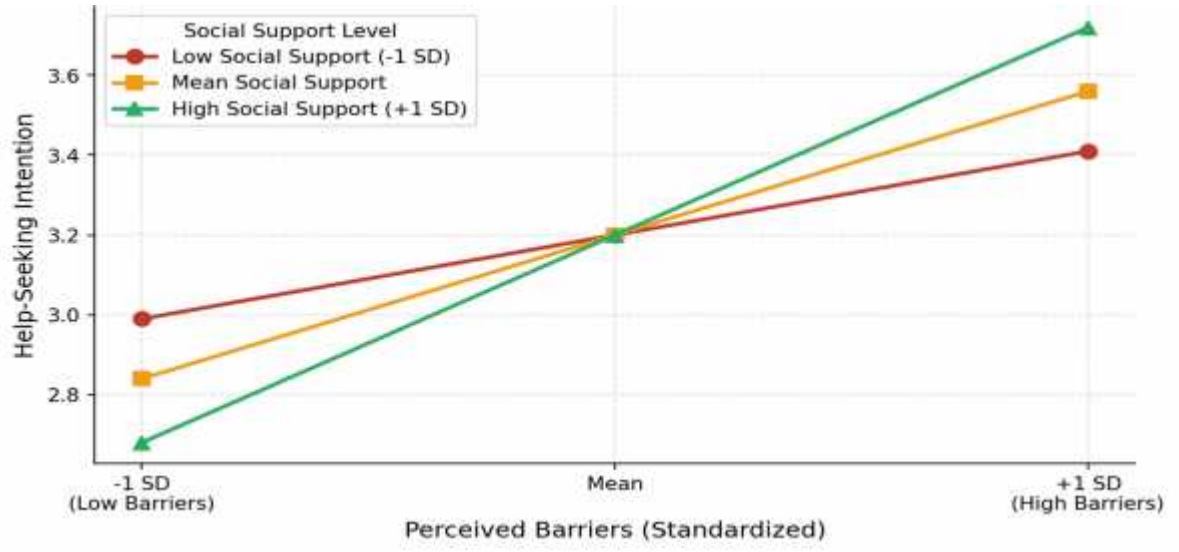

Figure 8: Simple slopes plot illustrating the amplifying effect of social support on the positive association between perceived barriers and help-seeking intention.

The overall moderation model demonstrated strong explanatory power, accounting for 62.7% of the variance in help-seeking intentions ($R^2 = 0.627$, $F(5, 144) = 48.36$, $p < .001$). All three main predictors yielded statistically significant positive effects on help-seeking intentions. Perceived barriers emerged as the strongest predictor ($\beta = 0.562$, $p < .001$), indicating that students who are more aware of barriers to help-seeking paradoxically report higher intentions to seek support, which may reflect a necessity-driven or problem-recognition mechanism whereby heightened awareness of challenges motivates proactive coping. Perceived benefits also exerted a significant positive influence ($\beta = 0.83$, $p < .001$), confirming that students who appreciate the value of professional mental health services are more inclined to seek help. Social support likewise demonstrated a significant independent positive effect ($\beta = 0.234$, $p < .001$), underscoring its direct facilitative role in help-seeking behaviour among students.

With respect to the primary moderating hypothesis, the interaction between perceived barriers and social support was statistically significant ($\beta = 0.16$, $p < .001$), confirming that social support significantly moderates the positive association between perceived barriers and help-seeking intentions. Specifically, social support operates as an amplifying moderator: as levels of social support increase, the positive relationship between perceived barriers and help-seeking intentions becomes progressively stronger. This suggests that students with robust social networks are better equipped to translate their awareness of barriers into concrete action, potentially because social support provides the encouragement, information, and emotional resources necessary to overcome those barriers. In contrast, the interaction between perceived benefits and social support did not reach statistical significance ($\beta = 0.07$, $p = .159$), indicating that social support does not moderate the benefits–intention pathway, which operates independently of social support levels.

Simple slopes analysis provided further clarity on the conditional nature of this amplifying effect. At low levels of social support (−1 SD), the positive association between perceived barriers and help-seeking intentions was modest ($\beta = 0.21$, $p < .001$), suggesting that students with limited social resources benefit only minimally from barrier awareness in terms of translating it into help-seeking action. At the mean level of social support, the slope strengthened to $\beta = 0.36$ ($p < .001$), and at high levels of social support (+1 SD), the relationship became notably stronger ($\beta = 0.52$, $p < .001$). As illustrated in Figure 1, the upward slopes diverge progressively across social support conditions, with the steepest incline observed among students with high social support. These findings carry important implications for mental health promotion in university settings, suggesting that interventions designed to enhance social connectedness and peer support networks may substantially amplify students' capacity to overcome perceived barriers and follow through on help-seeking intentions.

CHAPTER FIVE

DISCUSSION AND INTEPRETATION OF THE RESUL

5.1 Associatio among Perceived Benefits and Help-Seeking Intention

The findings of this research indicate that perceived benefits did not have a significant relationship with help-seeking intentions among high school students ($\beta = .083$, $p = .123$). Even though high school students overwhelmingly believed mental health counseling to be valuable based upon their responses to the benefit survey items, the value they placed on mental health counseling does not appear to have an impact on how likely they will be to seek out that type of service.

A cursory analysis may lead to the conclusion that if students perceive counseling as beneficial then those students will be more inclined to utilize the service. However, the data indicates otherwise. While believing counseling is beneficial is essentially a cognitive or intellectual decision; cognition often does not determine action. People can often at the same time think an item has value and choose not to obtain it. There are many times when emotion, social pressures, and culture will guide the choice to not use an item that is thought to be useful. It appears from this study that although students perceived the benefits of counseling and could articulate what those benefits are; other variables including stigma, fear of being judged, and culturally defined independence were much more powerful influencers of students' help-seeking intentions than perceived benefits (Gulliver, Griffiths, & Christensen, 2010; Rickwood et al., 2007).

This study's findings support prior research conducted within the domain of help-seeking. For example, Vogel et al. (2006) studied attitudes towards seeking professional psychological help and found that while attitudes toward seeking professional help, which includes perceived benefits of counseling, had some influence on whether an individual sought professional help; this influence was very small compared to the influence of self-stigma and public stigma. Similarly, Rickwood and Thomas (2012) indicated that emotional and social factors had a much larger influence on young peoples' intentions to seek help than did rational assessments of counseling's utility.

Socially, the strong stigma surrounding mental health help-seeking, as reflected in the perceived barrier items of this study, may have overshadowed any motivational effect that benefit perceptions might have had. Previous research has consistently shown that concerns about being

judged, labeled, or negatively evaluated by peers and significant others often discourage adolescents from seeking professional mental health support, even when they recognize its potential benefits (Gulliver et al., 2010; Rickwood et al., 2007). Culturally, Ethiopian adolescents are often raised in environments where emotional and psychological difficulties are addressed within family, religious, or community networks rather than through formal mental health services. As a result, students may acknowledge that counseling is helpful while simultaneously perceiving professional help-seeking as unnecessary or socially inappropriate (Alem et al., 2008; World Health Organization [WHO], 2022). At the school level, limited awareness, visibility, and accessibility of counseling services may further contribute to this disconnect, as students may believe in the value of counseling in principle but lack a clear, comfortable, and confidential pathway for accessing such services. Previous studies have indicated that the availability and perceived accessibility of mental health services are important determinants of adolescents' willingness to seek professional help (Gulliver et al., 2010; Rickwood et al., 2007).

5.2 Association among Perceived Barriers and Help-Seeking Intention

The findings of this study revealed that perceived barriers were the strongest predictor of help-seeking intention which has a score of ($\beta = .562$, $p < .001$). Contrary to what might be expected, the relationship between perceived barriers and help-seeking intention was positive, meaning that students who reported higher levels of perceived barriers also expressed a stronger intention to seek mental health counseling.

At first, a positive relationship between barriers and intention seems to go against common sense. Most people would assume that the more difficulties a student perceives around seeking help, the less likely they would be to actually pursue it. But the data suggests otherwise, and there are good reasons for this. Students who are aware of barriers such as stigma, fear of judgment, or confidentiality concerns are likely those who have already thought seriously about seeking professional help. A student who has never considered counseling would simply not be thinking about these obstacles at all. This finding align with Rickwood et al. (2005) who argued that among young people, the level of personal distress and perceived need for support often outweighs the inhibiting effect of perceived barriers.

From a theoretical standpoint, this finding is well explained by the Health Belief Model, which recognizes that perceived barriers are among the most powerful determinants of health-related behavior, but also acknowledges that when perceived need and severity are high enough, individuals are more likely to act despite the barriers they face.

5.3 Association among Social Support and Help-Seeking Intention

The findings from this study found social support to be an important predictive variable to determine if a person will seek help, since it was shown to have a statistically significant positive relationship with intentions to seek help ($p < .001$; $\beta = .234$). This was also demonstrated through the statistical correlation between social support and intentions to seek help ($r = .271$; $p < .001$). The correlation further supports the idea that students are less likely to go to a mental health counselor alone.

In essence, students' decisions regarding whether to seek professional assistance for emotional or psychological difficulties are heavily influenced by their perceptions of support and acceptance from family members, peers, and the broader school community. When students believe that significant others will respond positively rather than critically to their decision to seek help, they are more likely to develop favorable intentions toward professional mental health services. Similarly, the presence of trusted and supportive adults within the school environment can facilitate help-seeking by reducing fears, uncertainty, and perceived psychological barriers associated with accessing counseling services. Consequently, supportive social networks help narrow the psychological distance between experiencing emotional distress and taking action to obtain professional assistance (Rickwood et al., 2007).

The descriptive data collected during this research project illustrated this point and demonstrated that family support received some of the highest means compared to the remaining social support measures. In particular, the measure "my family members take emotional problems seriously and provide support," produced the highest average response rate ($M = 4.25$; $SD = 0.57$) for all of the social support measures and suggested that family is considered to be the most immediate and influential supportive resource available to these students.

CHAPTER SIX

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

6.1 Summary of the Study

The purpose of this study was to examine the perceived benefits and perceived barriers associated with help-seeking intention for mental health counseling among secondary school students and to investigate the role of social support in influencing these intentions. The study was conducted at Bole Secondary and Preparatory School in Addis Ababa, Ethiopia. Guided by the Health Belief Model (HBM) and the Theory of Planned Behavior (TPB), the study sought to determine how students' perceptions of counseling benefits, counseling barriers, and social support contribute to their willingness to seek professional mental health assistance.

A quantitative cross-sectional correlational research design was employed. The target population consisted of 1,241 students enrolled in Grades 9–12 at Bole Secondary and Preparatory School. Using a multistage sampling procedure involving purposive, stratified, proportional, and simple random sampling techniques, a sample of 303 students was selected. After excluding eight students due to lack of consent and previous participation in similar studies, data from 275 respondents were included in the final analysis. Data were collected using a structured self-administered questionnaire adapted from established and validated instruments measuring perceived benefits, perceived barriers, social support, and help-seeking intention. Descriptive statistics, Pearson correlation, multiple regression, and hierarchical regression analyses were employed to analyze the data.

Demographically, the respondents ranged in age from 14 to 21 years, with nearly half (49.8%) falling within the 14–16-year age category. Male students constituted 58.2% of the respondents, while female students accounted for 41.8%. Grade 12 students represented the largest proportion of participants (32.4%), followed by Grade 11 (25.1%), Grade 9 (24.7%), and Grade 10 (17.8%). The majority of respondents came from families with relatively higher educational backgrounds, and more than two-thirds (67.6%) reported having previous counseling experience.

The descriptive findings revealed that students generally held favorable perceptions regarding the benefits of mental health counseling. Students believed that counseling could help them better understand their problems, manage stress and anxiety, improve interpersonal relationships, and facilitate positive life changes. Despite these positive perceptions, students simultaneously

reported high levels of perceived barriers to seeking professional help. The most prominent barriers included self-reliance, concerns regarding confidentiality, fear of appearing weak, social stigma, and concerns about privacy within the school counseling setting. Regarding social support, students reported receiving substantial support from family members, peers, and school personnel, with family support emerging as the strongest source of encouragement and assistance.

The correlation analysis indicated that perceived barriers had the strongest positive relationship with help-seeking intention ($r = .554$, $p < .001$), followed by social support ($r = .271$, $p < .001$). Perceived benefits, however, did not show a statistically significant relationship with help-seeking intention ($r = .093$, $p = .124$). The multiple regression analysis further confirmed these findings. Perceived barriers emerged as the strongest predictor of help-seeking intention ($\beta = .560$, $p < .001$), followed by social support ($\beta = .234$, $p < .001$), whereas perceived benefits did not significantly predict help-seeking intention ($\beta = .080$, $p = .122$). Collectively, the predictor variables explained 38.1% of the variance in students' help-seeking intention ($R^2 = .381$, $F(3, 271) = 55.619$, $p < .001$)

Overall, the findings indicate that although students recognize the value of mental health counseling, their intentions to seek professional help are shaped more strongly by perceived barriers and the availability of supportive social networks. The study therefore highlights the importance of addressing stigma, confidentiality concerns, and self-reliance beliefs while simultaneously strengthening family, peer, and school-based support systems to promote help-seeking behavior among secondary school students.

6.2. Conclusions

Based on the findings of this study, the following conclusions are drawn:

Students generally viewed counseling positively for self-growth, stress reduction, and understanding emotions. However, students' positive views did not directly impact their decision-making process. Therefore, it appears that solely raising awareness of counseling benefits will not generate changes in student's behaviors. The most effective methods may need to be based upon developing a more personal and emotionally impactful connection to counseling.

The perceived barriers to seeking counseling were the only predictors that positively influenced students' intentions for help-seeking. Surprisingly, students who reported the greatest awareness of barriers also demonstrated the highest levels of intent to seek counseling. One possible explanation is that students who have considered the barriers associated with counseling have given the issue more consideration. Thus, this study presents an alternative view to the commonly-held belief that barriers can only inhibit individuals from utilizing resources; instead it indicates the potential for further refinement in both research and clinical practice.

Family support was found to be the social support factor that significantly contributed to a student's likelihood of seeking help through counseling. When students believed they received encouragement from their family members, they were far more likely to initiate contact with a counselor. Therefore, there is value in including family, peer, and school personnel in efforts to increase mental health support services available to adolescents.

6.3. Recommendations

- **Build Student Trust Early**

School counselors should proactively establish trusting relationships with students before mental health problems arise. This can be achieved through regular classroom visits, orientation programs, group guidance sessions, and informal interactions during school activities. By increasing their visibility and accessibility within the school environment, counselors can become more familiar and approachable to students, thereby reducing hesitation and increasing the likelihood that students will seek professional support when needed.

- Address Stigma and Confidentiality Concerns

School counselors, teachers, and school administrators should work collaboratively to reduce mental health stigma and strengthen students’ confidence in counseling services. This can be accomplished through awareness campaigns, mental health education sessions, peer discussions, and school assemblies that challenge misconceptions about counseling. Counselors should also clearly explain confidentiality policies at the beginning of counseling sessions and during school-wide awareness activities so that students understand the limits and protections of confidentiality and feel safer seeking professional help.

- Create a Mental Health-Friendly School Environment

School administrators, in collaboration with counselors and educational authorities, should establish a supportive school environment that promotes mental well-being. This can be achieved by providing private and accessible counseling facilities, allocating sufficient resources for counseling services, and integrating mental health awareness activities into the annual school calendar. Regular workshops, mental health awareness weeks, peer-support initiatives, and counseling outreach programs should also be organized to normalize help-seeking behavior and increase students' awareness of available mental health services.

6.4. Recommendations for Future Research

- **Use mixed methods and broader samples**: -Future studies should combine surveys with interviews or focus groups, and extend research to other schools and regions across Ethiopia to capture deeper insights and diverse contexts.
- **Conduct longitudinal studies: -** Tracking students' help-seeking attitudes and behaviors over time would give a clearer picture of how these patterns develop throughout the secondary school years.
- **Explore moderating factors: -** Further research should examine how gender and family education level influence the relationship between barriers, social support, and help-seeking intention.

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Annex 1: Questionnaire

Dear Respondent,

You are kindly invited to participate in a research study entitled “Perceived Benefits and Barriers in Help-Seeking Intention for Mental Health Counseling.” This study is conducted in partial fulfillment of the requirements for the Master of Arts in Counselling Psychology at Addis Ababa University.

The main objective of this study is to examine students’ perceptions of the benefits and barriers related to mental health counseling and to assess how social support influences their intention to seek professional mental health help.

Please be assured that all information you provide will be treated with strict confidentiality and will be used only for academic and research purposes. Your participation in this study is entirely voluntary, and you have the right to decline participation or withdraw at any stage without any negative consequences.

Thank you very much for your time, cooperation, and valuable contribution to this research.

By: Nuhamin Teferi

QUESTIONNAIRE

STUDENT HELP-SEEKING QUESTIONNAIRE

Objective: To examine the factors influencing students' intentions to seek mental health counseling.

Section 1: - Demographic Information

Please mark the appropriate box with an 'X' or ' '.

1. **Gender:** Male Female
2. **Age:** _____ years
3. **Grade Level:** Grade 9 Grade 10 Grade 11 Grade 12
4. **Family Education level** No formal education Primary education (Grades 1–8)
   Secondary education (Grades 9–12) Diploma/TVET certificate
   Bachelor's degree Master's degree and above
5. **Previous Counseling Experience:** Have you ever talked to a school counselor before?
   Yes No

Section 2: Perceived Benefits

This section measures your beliefs regarding the usefulness and effectiveness of mental health counseling.

No.	Statements	1	2	3	4	5
A1	Counseling would help me understand my problems more clearly.	☐	☐	☐	☐	☐
A2	Seeking professional help would make me feel more hopeful about the future.	☐	☐	☐	☐	☐
A3	Counseling provides valuable tools to manage stress and anxiety.	☐	☐	☐	☐	☐
A4	Talking to a counselor would help me improve my personal relationships.	☐	☐	☐	☐	☐

A5	Professional counseling is an effective way to deal with emotional pain.	☐	☐	☐	☐	☐
A6	I believe that counseling can lead to positive changes in my life.	☐	☐	☐	☐	☐

Section II: Perceived Barriers

This section assesses factors that might discourage you from seeking mental health counseling.

No.	**Statements**	**1**	**2**	**3**	**4**	**5**
B1	I would be embarrassed if my classmates found out I was seeing a counselor.	☐	☐	☐	☐	☐
B2	I worry that seeking help would make me appear "weak" to others.	☐	☐	☐	☐	☐
B3	I am concerned that the counselor might discuss my problems with my teachers.	☐	☐	☐	☐	☐
B4	I prefer to handle my problems on my own rather than asking for help.	☐	☐	☐	☐	☐
B5	I don't think a counselor would truly understand my specific culture or background.	☐	☐	☐	☐	☐
B6	The school counseling office is not private enough for me to feel comfortable.	☐	☐	☐	☐	☐

Section III: Social Support

This section measures the support you receive from family, peers, and teachers.

No.	Statements	1	2	3	4	5
C1	If I were going through a hard time, I have friends I can rely on.	☐	☐	☐	☐	☐
C2	My family is willing to help me make decisions about my mental health.	☐	☐	☐	☐	☐
C3	There is at least one teacher or staff member at school I trust completely.	☐	☐	☐	☐	☐
C4	My friends would think better of me if I sought help to improve myself.	☐	☐	☐	☐	☐
C5	I feel a strong sense of belonging and support within my school community.	☐	☐	☐	☐	☐
C6	My family members take emotional problems seriously and offer support.	☐	☐	☐	☐	☐

Section IV: Help-Seeking Intention

This section evaluates your willingness and likelihood to seek professional support.

No.	Statements	1	2	3	4	5
D1	I would seek professional help if I were worried about my mental health.	☐	☐	☐	☐	☐
D2	I intend to use the school counseling services if I feel overwhelmed.	☐	☐	☐	☐	☐
D3	I would prioritize seeking help over trying to solve a serious mental	☐	☐	☐	☐	☐

	issue alone.					
D4	If I needed mental health support, I would make an appointment as soon as possible.	☐	☐	☐	☐	☐
D5	I am determined to seek counseling if my emotional state affects my schoolwork.	☐	☐	☐	☐	☐
D6	I would actively look for counseling resources if I felt I couldn't cope.	☐	☐	☐	☐	☐

Annex 2 Amharic questionnaire

የተማሪዎች የአእምሮ ጤና ምክር ፍለጋ ፍላጎት መጠይቅ

ለተሳታፊዎች የሚቀርብ መግለጫ

ክቡር/ክብርት ተሳታፊ፣

“**በአእምሮ ጤና ምክር ፍለጋ ፍላጎት ላይ የሚታዩ ጥቅሞችና መሰናክሎች**” በሚል ርዕስ በተዘጋጀው የምርምር ጥናት እንዲሳተፉ በአክብሮት ተጋብዘዋል። ይህ ጥናት በአዲስ አበባ ዩኒቨርሲቲ የካውንስሊንግ ሳይኮሎጂ የማስተርስ ዲግሪ መሟላት አካል ሆኖ የሚከናወን ነው።

የጥናቱ ዋና ዓላማ ተማሪዎች ስለ አእምሮ ጤና ምክር ያላቸውን የጥቅምና የመሰናክል ግንዛቤ ለመመርመር እና ማህበራዊ ድጋፍ በሙያዊ እርዳታ ፍለጋ ፍላጎታቸው ላይ የሚያሳድረውን ተጽዕኖ ለመገምገም ነው።

የሚሰጡት መረጃ በሙሉ በሚስጥር ይያዛል፤ ለምርምር እና ለትምህርታዊ ዓላማ ብቻ ይጠቀማል። በጥናቱ መሳተፍ ፈቃደኝነት ላይ የተመሰረተ ሲሆን በማንኛውም ጊዜ መሳተፍዎን ማቋረጥ ይችላሉ።

ለተባባሪነትዎ እና ለሚሰጡት ውድ መረጃ ከልብ እናመሰግናለን።

በ፦ ኑሃሚን ተፈሪ

መመሪያ

ከእያንዳንዱ ጥያቄ ፊት በተሰጠው ሳጥን (✓) ወይም (X) በማድረግ መልስዎን ይግለጹ።

የሊከርት መለኪያ

1	2	3	4	5
በፍጹም አልስማማም	አልስማማም	እርግጠኛ አይደለሁም	እስማማለሁ	በጣም እስማማለሁ

ክፍል ፩፡ የግል መረጃ

1. **ፆታ**

   ☐ ወንድ

   ☐ ሴት

2. **ዕድሜ** _____ ዓመት

3. **የክፍል ደረጃ**

   ☐ 9ኛ ክፍል

   ☐ 10ኛ ክፍል

   ☐ 11ኛ ክፍል

   ☐ 12ኛ ክፍል

4. **የቤተሰብ ትምህርት ደረጃ**

   ☐ መደበኛ ትምህርት የለም

   ☐ የመጀመሪያ ደረጃ (1–8)

   ☐ ሁለተኛ ደረጃ (9–12)

   ☐ ዲፕሎማ/TVET

   ☐ ባችለርስ ዲግሪ

   ☐ ማስተርስ ዲግሪ እና ከዚያ በላይ

5. **ከዚህ በፊት ከት/ቤት አማካሪ ጋር ተነጋግረው ያውቃሉ?**

   ☐ አዎ

   ☐ አይ

ክፍል 2፡ ስለ አእምሮ ጤና ምክር የሚታዩ ጥቅሞች

ተ.ቁ	መግለጫ	1	2	3	4	5
A1	ምክር አገልግሎት ችግሮቼን በተሻለ ሁኔታ እንድረዳ ይረዳኛል።	□	□	□	□	□
A2	ሙያዊ እርዳታ መፈለግ ስለወደፊቱ ተስፋ እንዲኖረኝ ያደርገኛል።	□	□	□	□	□
A3	ምክር አገልግሎት ጭንቀትንና ውጥረትን ለመቆጣጠር ጠቃሚ መንገዶችን ይሰጣል።	□	□	□	□	□
A4	ከአማካሪ ጋር መነጋገር የግል ግንኙነቶቼን እንዲሻሻሉ ይረዳል።	□	□	□	□	□
A5	ሙያዊ ምክር ስሜታዊ ህመምን ለመቋቋም ውጤታማ መንገድ ነው።	□	□	□	□	□
A6	ምክር አገልግሎት በሕይወቴ አዎንታዊ ለውጦችን ሊያመጣ እንደሚችል አምናለሁ።	□	□	□	□	□

ክፍል 3፡ ስለ አእምሮ ጤና ምክር የሚታዩ መሰናክሎች

ተ.ቁ	መግለጫ	1	2	3	4	5
B1	የከፍል ጓደኞቼ አማካሪ እንደማገኝ ቢያውቁ አፍሬ ነበር።	□	□	□	□	□
B2	እርዳታ መፈለጌ በሌሎች ዘንድ “ደካማ” እንድመስል እፈራለሁ።	□	□	□	□	□
B3	አማካሪው ችግሮቼን ለመምህራኖቼ ሊናገር ይችላል ብዬ እጨነቃለሁ።	□	□	□	□	□
B4	ከሌሎች እርዳታ ከመጠየቅ ይልቅ ችግሮቼን ራሴ መፍታት እመርጣለሁ።	□	□	□	□	□
B5	አማካሪው ባህሌን ወይም አስተዳደጌን በትክክል አይረዳም ብዬ አስባለሁ።	□	□	□	□	□
B6	የት/ቤቱ የምክር ቢሮ ለግላዊነት በቂ ስላልሆነ ምኞት አይሰጠኝም።	□	□	□	□	□

ክፍል 4፡ ማህበራዊ ድጋፍ

ተ.ቁ	መግለጫ	1	2	3	4	5
C1	አስቸጋሪ ሁኔታ ውስጥ ብሆን የምተማመንባቸው ጓደኞች አሉኝ።	□	□	□	□	□
C2	ቤተሰቤ ከአእምሮ ጤናዬ ጋር የተያያዙ ውሳኔዎችን ለመወሰን ይረዳኛል።	□	□	□	□	□
C3	በት/ቤት ሙሉ በሙሉ የምተማመንበት ቢያንስ አንድ መምህር ወይም ሰራተኛ አለ።	□	□	□	□	□
C4	ራሴን ለማሻሻል እርዳታ ብፈልግ ጓደኞቼ በተሻለ መልኩ ያዩኛል።	□	□	□	□	□
C5	በት/ቤቱ ማህበረሰብ ውስጥ ጠንካራ የመተሳሰብና የድጋፍ ስሜት አለኝ።	□	□	□	□	□
C6	የቤተሰቤ አባላት ስሜታዊ ችግሮችን በቁም ነገር ይመለከታሉ እና ድጋፍ ይሰጣሉ።	□	□	□	□	□

ክፍል 5፡ የምክር ፍለጋ ፍላጎት

ተ.ቁ	መግለጫ	1	2	3	4	5
D1	ስለ አእምሮ ጤናዬ ብጨነቅ ሙያዊ እርዳታ እፈልጋለሁ።	☐	☐	☐	☐	☐
D2	በጣም ከተጫንኩ የት/ቤቱን የምክር አገልግሎት ለመጠቀም አስባለሁ።	☐	☐	☐	☐	☐
D3	ከባድ የአእምሮ ጤና ችግር ሲኖርብኝ ብቻዬን ከመፍታት ይልቅ እርዳታ መፈለግን አስቀድማለሁ።	☐	☐	☐	☐	☐
D4	የአእምሮ ጤና ድጋፍ ቢያስፈልገኝ በቶሎ ቀጠሮ እይዛለሁ።	☐	☐	☐	☐	☐
D5	ስሜታዊ ሁኔታዬ ትምህርቴን ቢጎዳ ምክር ለመቀበል ቆርጬ እወስናለሁ።	☐	☐	☐	☐	☐
D6	መቋቋም እንዳልችል ከተሰማኝ የምክር አገልግሎት ምንጮችን በንቃት እፈልጋለሁ።					

Annex 3: SPSS outputs
Descriptive analysis

1. Perceived Benefits

	N	Minimum	Maximum	Mean	Std. Deviation
Counseling would help me understand my problems more clearly.	275	1.00	5.00	3.8036	.91100
Seeking professional help would make me feel more hopeful about the future.	275	1.00	5.00	3.7236	.84360
Counseling provides valuable tools to manage stress and anxiety.	275	1.00	5.00	3.8218	.87184
Talking to a counselor would help me improve my personal relationships.	275	1.00	5.00	3.6109	.93075
Professional counseling is an effective way to deal with emotional pain.	275	1.00	5.00	3.2255	.96664
I believe that counseling can lead to positive changes in my life.	275	1.00	5.00	4.0182	.84341
Valid N (listwise)	275				

2. Perceived Barriers

	N	Minimum	Maximum	Mean	Std. Deviation
I would be embarrassed if my classmates found out I was seeing a counselor.	275	2.00	5.00	3.6000	.91620
I worry that seeking help would make me appear "weak" to others	275	1.00	5.00	3.9927	.70448
I am concerned that the counselor might discuss my problems with my teachers.	275	1.00	5.00	4.0691	.73912

I prefer to handle my problems on my own rather than asking for help.	275	2.00	5.00	4.1418	.55193
I don't think a counselor would truly understand my specific culture or background.	275	2.00	5.00	3.7345	.78215
The school counseling office is not private enough for me to feel comfortable.	275	1.00	5.00	3.8364	.64964
Valid N (listwise)	275				

3. Social Support

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
If I were going through a hard time, I have friends I can rely on	275	2.00	5.00	4.0836	.55063
My family is willing to help me make decisions about my mental health.	275	2.00	5.00	4.0800	.52749
There is at least one teacher or staff member at school I trust completely.	275	2.00	5.00	4.0727	.61770
My friends would think better of me if I sought help to improve myself.	275	2.00	5.00	3.9745	.64168
I feel a strong sense of belonging and support within my school community.	275	2.00	5.00	3.8400	.74226
My family members take emotional problems seriously and offer support.	275	2.00	5.00	4.2036	.62373
Valid N (listwise)	275				

4. Help-Seeking Intention

	Minimum	Maximum	Mean	Std. Deviation
I would seek professional help if I were worried about my mental health.	2.00	4.00	2.9394	.86384
I intend to use the school counseling services if I feel overwhelmed	2.00	4.00	3.0606	.82687

I would prioritize seeking issue alone. help over trying to solve a serious mental	2.00	4.00	2.9697	.88335
If I needed mental health support, I would make an appointment as soon as possible.	2.00	5.00	3.1212	.92728
I am determined to seek counseling if my emotional state affects my schoolwork.	2.00	5.00	3.3939	.89928
I would actively look for counseling resources if I felt I couldn't cope.	2.00	5.00	3.7273	.67420
Valid N (listwise)				

2. Correlation

Correlations

		Perceived Benefits	Perceived Barriers	Social Support	Help-Seeking Intention
Perceived Benefits	Pearson Correlation	1	-.048	.915**	-.015
	Sig. (2-tailed)		.429	.000	.802
	N	275	275	275	275
Perceived Barriers	Pearson Correlation	-.048	1	-.052	.720**
	Sig. (2-tailed)	.429		.392	.000
	N	275	275	275	275
Social Support	Pearson Correlation	.915**	-.052	1	-.039
	Sig. (2-tailed)	.000	.392		.515
	N	275	275	275	275
Help-Seeking Intention	Pearson Correlation	-.015	.720**	-.039	1
	Sig. (2-tailed)	.802	.000	.515	
	N	275	275	275	275

**. Correlation is significant at the 0.01 level (2-tailed).

3. Regression

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	676.023	3	225.341	55.619	.000[b]
	Residual	1097.963	271	4.052		
	Total	1773.985	274			

a. Dependent Variable: Help-Seeking Intention

b. Predictors: (Constant), Social Support , Perceived Barriers, Perceived Benefits

Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions (Constant)	Perceived Benefits	Perceived Barriers	Social Support
1	1	3.970	1.000	.00	.00	.00	.00
	2	.020	13.983	.01	.62	.18	.00
	3	.007	23.660	.02	.37	.47	.50
	4	.003	36.188	.97	.01	.35	.50

a. Dependent Variable: Help-Seeking Intention

Coefficients[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.	Collinearity Statistics Tolerance	Collinearity Statistics VIF
1	(Constant)	2.942	1.842		1.597	.111		
	Perceived Benefits	.059	.038	.080	1.552	.122	.854	1.171
	Perceived Barriers	.558	.048	.560	11.605	.000	.980	1.021
	Social Support	.275	.060	.234	4.552	.000	.868	1.152

a. Dependent Variable: Help-Seeking Intention

Collinearity Diagnostics[a]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions (Constant)	Perceived Benefits	Perceived Barriers	Social Support
1	1	3.970	1.000	.00	.00	.00	.00
	2	.020	13.983	.01	.62	.18	.00
	3	.007	23.660	.02	.37	.47	.50
	4	.003	36.188	.97	.01	.35	.50

a. Dependent Variable: Help-Seeking Intention

Residuals Statistics[a]

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	17.2112	28.5843	24.4473	1.57074	275
Residual	-9.17137	6.46609	.00000	2.00179	275
Std. Predicted Value	-4.607	2.634	.000	1.000	275
Std. Residual	-4.556	3.212	.000	.995	275

a. Dependent Variable: Help-Seeking Intention