Teachers' help-seeking stigma and attitudes toward referring students for help

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Abstract

Teachers play a pivotal role in identifying psychological difficulties in students and making timely referrals for professional help, which is crucial for promoting student mental health. This gatekeeping function is particularly important in education systems, such as that in Hong Kong, where teachers are actively involved in school guidance and counseling activities. However, traditional teacher training often focuses on mental health knowledge and basic helping skills, with less emphasis on teachers' attitudes toward help-seeking and referring students. In this study, 291 secondary school teachers from Hong Kong completed measures of help-seeking stigma, attitudes toward referring students, and referral intentions using standardized scenarios. The results showed that teachers with lower help-seeking stigma hold more favorable views about referrals, including lower projected stigma, less emphasis on independent problem-solving in students, higher perceived helpfulness of mental health professionals, and greater willingness to dedicate actions to facilitate referrals. Greater willingness to dedicate actions to facilitate referrals, in turn, predicted greater intention to refer students even after accounting for the perceived severity of student problems. In addition, teachers who had previously received counseling had lower help-seeking stigma. These findings highlight how teachers' views and personal experiences with help-seeking influence their attitudes and intentions toward referring students, underscoring the need for targeted school mental health training that addresses these factors.

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1 Introduction

Research has shown that more than half of all mental disorders have an onset during childhood and adolescence (Kessler et al., 2007). In Hong Kong, intense competition among students significantly contributes to high academic stress among adolescents (Berry, 2011; Essau et al., 2008; Tan, 2017). Consequently, adolescents in Hong Kong often exhibit more depressive and anxiety symptoms, and lower self-esteem, perceived competence, and life satisfaction compared to their peers in other regions (Bogt et al., 2024; Chan, 2000; Essau et al., 2008; Luk-Fong & Lee-Man, 2013; Salili et al., 2004; Stewart et al., 1999). The COVID-19 pandemic has further exacerbated the mental health challenges faced by Hong Kong adolescents. For instance, a recent study involving 300 secondary school students found that approximately one-third were experiencing mental distress during the pandemic (Li & Leung, 2020). This represents a significant increase from the pre-pandemic prevalence rate of general psychological distress at 14.5% in this population (Ng et al., 2008). In addition, poor psychological well-being, lower level of family support, and negative impacts of the pandemic had been found to be associated with the presence of suicidal ideation among secondary school students in Hong Kong (Zhu et al., 2021), which has been rising in recent years (Hong Kong Jockey Club Centre for Suicide Research and Prevention, n.d.). These findings underscore the need for enhanced support and resources to address the growing mental health concerns among Hong Kong adolescents.

Adolescents spend a significant amount of time at school and have daily interactions with teachers. As such, teachers are well-positioned to identify students' mental health problems and make timely referrals to professionals when needed (Department of Health, 2004; Mo et al., 2018). Teachers' gatekeeping role is even more important in school systems where there is a shortage of mental health professionals (MHPs; e.g., social workers, school psychologists) and reliance on teachers to provide student guidance and counseling, such as that in Hong Kong (Chui et al., 2023; Lai-Yeung, 2014).

Nevertheless, there are inherent challenges when teachers need to serve as both educators and counselors. Occupational stress in schoolteachers has been well documented in the education literature. Teachers in Hong Kong, in particular, reported significantly higher perceived stress compared to teachers in the U.K. (Tang et al., 2013), and higher emotional exhaustion and lower personal accomplishment than those in Germany and the U.S. (Schwarzer et al., 2000). Teaching-specific stress has been linked to psychosomatic symptoms (Jin et al., 2008), and low job satisfaction has been reported along with high levels of depression and anxiety (Leung et al., 2009) among Hong Kong teachers. A major concern related to teachers' poor psychological health is that they may be less able to attend to students' needs. For example, personal distress is associated with lower empathy (Kim & Han, 2018), making caring for others more difficult. Increased focus on the self when one is depressed or anxious (Mor & Winquist, 2002) may also make it challenging for teachers low on wellbeing to identify students in need and make timely referrals. Besides teachers' wellbeing, their experience in counseling may also impact their intention to refer students. For instance, those who have benefitted from counseling may be more inclined to refer students. Having direct knowledge about counseling may also help teachers

talk to students about the process of receiving help when they make referral recommendations (Watsford et al., 2013).

1.1 Relationship between teachers' help-seeking stigma and student referrals

One of the predictors of whether people in need of mental health services would decide to ask for help is their stigma toward help-seeking. In particular, self-stigma of seeking help, defined as the perception that one's self-worth is reduced when one seeks psychological help, is associated with low help-seeking intentions (Lannin et al., 2015; Vogel et al., 2006, 2007). While teachers' help-seeking stigma hinders their intent to seek help when in need, it is unclear whether such stigma also impacts teachers' attitudes toward referring students for mental health support, which is the subject of the present study. Some preliminary evidence shows that teachers' attitude toward help-seeking, a construct pertaining to one's overall positive or negative perceptions of counseling (Vogel et al., 2007), predicted teachers' referral attitudes and subsequently their referral intentions (Lee & Shim, 2024). However, the more personally implicated variable of self-stigma of help-seeking had not been examined. Moreover, in Lee and Shim's (2024) study, referral intention was assessed in terms of whether teachers would refer a "distressed student" (p. 36) for support. The general descriptor does not specify the kinds or levels of distress that students face, making it difficult to compare teachers' levels of referral intention when they work with students struggling with similar difficulties. To gain a better understanding of how teacher characteristics contribute to their referral intentions, a more nuanced evaluation is necessary, such as one that considers referral intentions in the context of specific student situations.

Teachers' stigma against help-seeking may influence their attitudes toward referral in several ways. First, teachers may make assumptions about how students respond to mental health referrals through the process of social projection (Robbins & Krueger, 2005). For instance, teachers may think that students, like themselves, may feel self-critical about needing help and should instead be self-reliant. Teachers may also think that psychological problems would work themselves out without intervention (Fischer & Farina, 1995), whether it is for themselves or for their students. Another form of projection can occur where teachers overestimate parents' negative reactions toward hearing about their child's mental health concerns, thereby hesitating to report and delay the referral process (Hinchliffe & Campbell, 2016). In essence, teachers' stigma about seeking professional psychological help may shape their attitudes toward referring students for mental health support. In turn, according to the Theory of Planned Behavior (Ajzen, 1991), teachers' attitudes toward referral influence their intention to refer students for mental health assistance.

Studies have identified multiple factors that teachers consider when making referral decisions. For example, among primary school teachers in Australia, these aspects can be broadly categorized into student, teacher, and system-level factors (Hinchliffe & Campbell, 2016). At the secondary level, teachers in Hong Kong also reported student factors (e.g., severity and persistence of problem, willingness to be referred, familiarity with professional support, stigma), teacher factors (e.g., self-efficacy in handling student issue), MHP factors (e.g., perceived effectiveness, frequency of

interaction with students, quality of interaction with teachers), and additionally parent/guardian factors (e.g., beliefs about the usefulness of referral, trust and collaboration with teacher) that influence their referral decision-making (Chui et al., 2023). These findings suggest that teachers' attitudes toward referral are multi-faceted and take different parties into consideration. When examining teachers' referral attitudes and their correlates, the use of a general attitude toward referral scale (e.g., Lee & Shim, 2024) may not capture the nuances involved in predicting teachers' referral intentions from various aspects of teachers' attitudes about referral. Similarly, teachers' stigma of help-seeking may affect different aspects of their attitudes about referral, which may be missed when a general referral attitude scale is used. Research on teachers' referral attitudes and their correlates may be advanced if we have a more comprehensive measure of referral attitudes.

1.2 The present study

The goal of the present study was to examine whether teachers' stigma of help-seeking would be associated with their attitudes about referring students to MHP, and whether these referral-related attitudes would contribute to their referral intentions. We hypothesized that teachers who have higher help-seeking stigma would have more negative attitudes toward referral, which would lower their referral intentions in accordance with the Theory of Planned Behavior (Ajzen, 1991). Teachers' wellbeing and experience receiving counseling were also examined as potential predictors of referral intentions (Fig. 1).

To assess teachers' attitudes toward referrals, the Thoughts About Referral Scale was developed in this study. Scale items were written based on a qualitative study on factors influencing teachers' decisions to refer students for help (Chui et al., 2023) and adaptation of existing measures of help-seeking attitudes. This scale assesses different domains of teachers' attitudes regarding referral, providing a nuanced instrument for the examination of the relationship between referral attitudes and their correlates. To assess referral intentions, vignettes depicting students struggling with mental
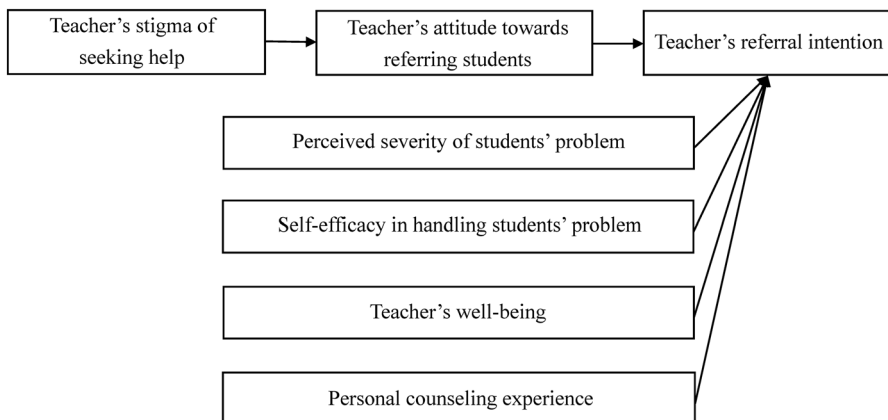

Fig. 1 Conceptual model

health issues were developed. These vignettes allowed for a comparison of referral intentions across teachers responding to a standard set of student scenarios. In addition, teachers' perception of problem severity and self-efficacy in handling depicted student issues were measured in each scenario and controlled for to investigate the unique contributions of referral attitudes to referral intentions (see also Fig. 1).

2 Method

2.1 Participants

Participants included 291 teachers from 24 secondary schools in Hong Kong. Their age ranged from 21 to 63 years ($M=36.8$, $SD=9.5$) and were primarily female ($n=178$; 61.2%). Participants reported an average of 12.5 years ($SD=9.3$) of teaching experience and 5.6 years ($SD=7.0$) of experience providing guidance and counseling to students. With respect to the characteristics of schools where the teachers came from, 76 (26.1%) taught in schools with the highest level of academic achievement (i.e., Band 1 schools), 120 (41.2%) taught in schools with moderate level of academic achievement (i.e., Band 2), and 71 (24.4%) taught in schools with the lowest level of academic achievement (i.e., Band 3). School banding was determined by the average score that students obtained in the assessments in primary school. Twenty (6.9%) teachers did not specify the banding of schools where they taught and four (1.4%) teachers checked more than one type of school (e.g., Band 1 and 2).

2.2 Measures

2.2.1 Help-seeking stigma

The Self-Stigma Of Seeking Psychology Help (SSOSH; Vogel et al., 2006) is a 10-item scale assessing a person's negative assumptions about the self when they seek psychological help. Participants indicate how much they agree with each of the statements from 1=*strongly disagree* to 5=*strongly agree*. An example item is, "It would make me feel inferior to ask a therapist for help". A higher score indicates greater self-stigma. The Chinese version of the SSOSH had been validated on young adults in Taiwan (α=0.84; Vogel et al., 2013) and college students in Hong Kong (α=0.72; Vogel et al., 2017). The Cronbach's alpha in the present study was 0.68.

2.2.2 Well-being

The Mental Health Continuum Short Form (MHC-SF; Keyes, 2005) is a 14-item scale evaluating a person's emotional, social, and psychological well-being. Participants indicate the frequency of experiencing the item statement in the past month from 0=*never* to 5=*everyday*. An example item is, "Feeling that you had something important to contribute to society". The total scale was used in the present study, with a higher score indicating a higher level of well-being. The MHC-SF had been translated and validated on Chinese populations, with high internal consistencies across

subscales and total scale ($\alpha > 0.80$; Guo et al., 2015). The Cronbach's alpha for the total scale in the present study was 0.92.

2.2.3 Perceived problem severity, self-efficacy in handling student problem, and intention to refer student

Eight vignettes depicting common student problems requiring professional psychological help were created in the present study to assess the named constructs. For each of the vignette, participants were asked to rate on a 5-point scale the perceived level of problem severity (1=*not severe* to 5=*very severe*), how efficacious they feel about handling the student's problem (1=*not efficacious* to 5=*very efficacious*), and how necessary it is to refer the depicted student to a MHP (1=*not necessary* to 5=*very necessary*). Following Pearcy et al. (1993), these vignettes depicted two externalizing problems (i.e., ADHD and oppositional defiant disorder) and two internalizing problems (i.e., depression and anxiety), with two levels of severity (i.e., severe and less severe) for each problem. All eight vignettes depicted students who meet the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association, 2013) criteria for diagnosis. The vignettes, however, differ in the number of criteria met, with the "less severe" vignettes depicting students who just meet the threshold for diagnosis and the "severe" vignettes depicting students who meet almost all the criteria for a diagnosis. This design allows us to assess participants' intentions to refer students in appropriate situations, irrespective of the varying levels of problem severity.

Before administering the vignettes in this study, nine (7 women, 2 men; years of clinical experience: $M = 7.3$, $SD = 10.3$) MHPs, including two educational psychologists, a psychiatrist, a clinical psychologist, a social worker, and four educational psychology trainees were recruited to provide comments on the vignettes to ensure that they accurately depict students in need of professional mental health support. In addition, 10 (8 women, 2 men) secondary school teachers and principals with an average of 9 years ($SD = 9.2$) of experience in guidance and counseling were recruited to comment on how well the vignettes reflect student behaviors actually seen in Hong Kong classrooms. Suggestions were incorporated in the revision of vignettes, and the revised vignettes were read and confirmed by two of the initial reviewers before their use in the present study. All the vignettes and questions were written in Chinese. Based on the participants' responses to the eight vignettes, the Cronbach alpha was 0.80 for perceived problem severity, 0.85 for self-efficacy in handling student problem, and 0.78 for referral intention.

2.2.4 Teachers' attitudes toward referral

The Thoughts About Referral Scale (TARS) was developed in this study to assess teachers' attitudes toward referring students for mental health service. Items were constructed in two stages. First, items from the Attitude Toward Seeking Professional Psychological Help Scale – Short Form (ATSPPHS-SF; Fischer & Farina, 1995) and Self-Stigma Of Seeking Help (SSOSH; Vogel et al., 2006) were adapted by changing the first-person pronoun (I/me) to "my student/they" so that they are relevant for

referral. For example, "I would want *my student* to get psychological help if *they* were worried or upset for a long period of time (item 5, ATSPPHS-SF)"; "It would make *my student* feel inferior if *they* were to ask a therapist for help (item 6, SSOSH)". Ten items each from the ATSPPHS-SF and SSOSH were adapted for the TARS. These measures were selected in consultation with an expert in stigma research due to their content validity in assessing help-seeking attitudes and the availability of validated measures in Chinese.

Next, based on the findings of an earlier qualitative study on teachers' experience of referring students (Chui et al., 2023), two psychologists and a research assistant with a bachelor's degree in psychology wrote an additional 32 items to reflect teachers' attitudes about referral that were not yet captured by the adapted items. The item-writers discussed consensually and eliminated five items due to overlapping content. Following the scale construction procedure by Vogel et al. (2006), the remaining 27 items and 20 adapted items (all in Chinese) were presented to pre-service and in-service teachers for evaluation. Thirty-four (24 women, 10 men; age $M = 31.8$ years, $SD = 10.65$) reviewers were recruited to evaluate the TARS items. Of these, 22 (64.7%) were in-service teachers and 12 (35.3%) were pre-service teachers earning a diploma in education. The reviewers were asked to evaluate the clarity of the items on a 3-point scale (1 = *unclear*, 2 = *clear*, and 3 = *very clear*) and provide comments or suggestions. The mean clarity score for the 47 items was 2.58 ($SD = 0.11$) on the 3-point scale. Two items were deleted because multiple reviewers expressed concerns about their clarity, and three items were revised based on the reviewers' feedback. Hence, the 45-item version of TARS was administered in this study.

2.3 Procedure

Participants were recruited via professional contacts of the first and second authors. These included the authors' former students (who are secondary school teachers or principals) and their colleagues, and collaborators on other research projects. Efforts were made to include teachers from schools across various neighborhoods of the city and with diverse levels of academic achievement. Potential participants read a description of the study and provided written informed consent before they completed measures for the study. They could stop participation at any time without any negative consequences; those who returned the completed measures were given a set of emotion cards (worth ~$25 USD) as an appreciation of their time. The emotion cards serve as a tool that teachers can use to increase their or their students' emotional self-awareness. This study was approved by the institutional review board of the first author's institution.

2.4 Analytical plan

SPSS 27.0 was used for descriptive analysis. Exploratory factor analysis (EFA) and structural equation modelling (SEM) were conducted using Mplus 8.7, where maximum likelihood with robust standard errors was used as the estimation method and missing data were handled by full information maximum likelihood. The proportion of missing data in items of main variables (i.e., SSOSH, MHC-SF, perceived prob-

lem severity, self-efficacy, intention to refer students, and 45-item TARS) was low, totaling at 0.44%. EFA was used to examine the factor structure of the TARS items. We then conducted SEM to test the hypothesized model as described in The Present Study section. We first examined the measurement model, followed by the structural model. Parceling was used to create manifest variables for the following latent constructs in this study (i.e., projected stigma, valuing of independent problem-solving, perceived helpfulness of MHPs, dedicated action to facilitate referral, stigma of seeking help, and teachers' well-being) (Little et al., 2022). Three parcels were created for each latent construct by aggregating two or more individual items. This approach was used for its psychometric and modeling benefits. For example, parceling can enhance the estimation of the true construct variance by optimizing the scale communality and reliability while minimizing item-level specific variance and random error (Little et al., 2022). This approach can also provide more stable estimates and reduce sources of sampling error, as compared to the item-level approach. The estimate of the first parcel for each latent factor was fixed to one for model identification purposes. The following criteria were used to evaluate the models' goodness-of-fit: Tucker-Lewis Index (TLI)>0.90 and comparative fit index (CFI)>0.90 (Bentler & Bonett, 1980), the root-mean-square error of approximation (RMSEA)<0.06 (Hu & Bentler, 1999), and the standardized root mean square residual (SRMR)<0.08 (Hu & Bentler, 1999). We used the bootstrapping procedure of 1000 bootstrap samples to test the mediation pathways. The mediation results were considered significant when the 95% confidence intervals (CI) did not contain zero (Hayes, 2015).

3 Results

3.1 Exploratory factor analysis (EFA)

An EFA was conducted on the 45-item TARS. We first examined the item-level descriptive statistics as well as the inter-item correlation matrix using principal axis factoring extraction method in SPSS 27.0 to determine its appropriateness for factor analysis. Results indicated that the matrix was adequate (Kaiser-Meyer-Olkin index = 0.84; Bartlett's test of sphericity, $p < .001$). We then conducted the rest of the EFA in Mplus 8.7. We conducted parallel analysis, where 1,000 random permutations of the original data set were generated to help determine the number of factors to be extracted (O'Connor, 2000). Results indicated extraction of five factors as the optimal solution, which accounted for a total variance of 37.3%. We extracted the four-, five-, and six-factor solutions in EFA. We examined the factor loadings of the respective solutions after applying a geomin rotation to allow factors to be correlated with one another. The goal of this step was to evaluate the interpretability of the factor structure and to choose among the three solutions. Upon examination, we selected the four-factor solution because of its interpretability and approximation to a simple factor structure (Worthington & Whittaker, 2006).

Next, we used the following criteria to achieve a simple factor structure: Deleting items with low unique factor loading (<0.40) and high cross-factor loading (difference in loadings between two factors<0.20) (Worthington & Whittaker, 2006).

This process of item reduction resulted in a final TARS with 26 items that loaded onto four factors, which accounted for a total variance of 45.9%. The four factors are labeled *Projected Stigma of Seeking Help* (PS; 6 items, $\alpha=0.80$; e.g., It would make my students feel inferior to ask a therapist for help), *Valuing of Independent Problem-Solving* (VI; 4 items, $\alpha=0.63$; e.g., It is admirable for students to resolve their problems by themselves and not to seek professional help), *Dedicated Action to Facilitate Referral* (DA; 5 items, $\alpha=0.92$; e.g., Even if parents question the effectiveness of the referral, I will do my best to persuade them), and *Perceived Helpfulness of Mental Health Professionals* (PH; 11 items, $\alpha=0.86$; e.g., I believe that professional help will improve students' emotional condition). The factor loadings can be found in Table 1.

3.2 Descriptive analysis

Table 2 presents the means, standard deviations, and correlations among variables. Compared to teachers who had not been in counseling, teachers with personal experience in counseling had lower stigma of seeking help and higher intention to refer students. Female teachers were also more likely to refer students for mental health services than male teachers. Higher stigma of seeking psychological help was correlated with higher projected stigma and valuing of independent problem-solving, but lower dedicated action to facilitate referral and perceived helpfulness of MHPs. In addition, perceived severity of students' problem was positively correlated with referral of students, whereas higher teachers' self-efficacy in handling students' problem was associated with lower referral of students. Moreover, stigma of seeking help and valuing independence of solving problems were negatively associated with student referral. In contrast, more dedicated action to facilitate referral and higher perceived helpfulness of MHPs were correlated with higher likelihood of referral.

3.3 Test of the measurement model

Confirmatory factor analysis (CFA) was conducted to test the fit of measurement model with six latent variables of projected stigma, valuing of independent problem-solving, perceived helpfulness of MHPs, dedicated action to facilitate referral, stigma of seeking help, and teachers' well-being. Each of these latent variables had three parcels as indicators. The CFA results revealed that the measurement model was of excellent fit (CFI=0.96; TLI=0.94; RMSEA=0.05, SRMR=0.05).

3.4 Test of the structural model

We used structural equation modeling to examine the hypothesized relationships among variables. Results showed satisfactory model fit: CFI=0.94, TLI=0.93, RMSEA=0.04, SRMR=0.07. The coefficient estimate and the residual of each indicator in relation to the corresponding latent factor are presented in Table 3. The standardized path coefficients of the structural model are illustrated in Fig. 2 and additional information including standardized coefficients and standard errors are presented in Table S1 in supplementary material.

Table 1 Exploratory factor analysis results for the thoughts about referral scale

Subscales and items	Factors			
	1	2	3	4
Factor 1: Projected Stigma of Seeking Help (6 items)				
16. It would make my students feel inferior to ask a therapist for help.	**0.76**	0.12	−0.04	0.00
13. Seeking psychological help would make my students feel less intelligent.	**0.71**	0.02	0.05	0.00
11. My students would feel inadequate if they went to a therapist for psychological help.	**0.63**	0.09	0.11	0.03
18. If my students went to a therapist, my students would be less satisfied with themselves.	**0.64**	−0.03	0.09	−0.11
12. My students' self-confidence would NOT be threatened if my students sought professional help. (R)	**−0.56**	0.18	0.18	−0.02
19. My students' self-confidence would remain the same if they sought professional help for a problem they could not solve. (R)	**−0.50**	0.16	0.16	0.05
Factor 2: Valuing of Independent Problem-Solving (4 items)				
23. It is admirable for students to resolve their problems by themselves and not to seek professional help.	−0.03	**0.71**	0.02	−0.09
4. There is something admirable in the attitude of a student who is willing to cope with his or her conflicts and fears without resorting to professional help.	−0.02	**0.57**	−0.02	0.09
9. A student should work out his or her own problems; getting psychological counseling would be a last resort.	0.07	**0.44**	−0.05	0.06
10. The students' personal and emotional troubles, like many things, tend to work out by themselves.	0.09	**0.43**	−0.14	−0.12
Factor 3: Dedicated Action to Facilitate Referral (5 items)				
30. Even if parents question the effectiveness of the referral, I will do my best to persuade them.	−0.02	0.02	**0.92**	0.02
29. Even if parents question my referral suggestion, I will do my best to persuade them.	−0.01	0.00	**0.88**	0.06
28. When students need professional help, even if the students resist, I will do my best to persuade their parents.	0.03	−0.09	**0.79**	0.00
31. Even if parents believe that the referral may cause their children to be discriminated against, I will do my best to convince them.	−0.04	0.04	**0.79**	−0.01
27. When students need professional help, even if the students resist, I will do my best to persuade the students.	0.06	−0.10	**0.73**	−0.03
Factor 4: Perceived Helpfulness of Mental Health Professionals (11 items)				
35. I believe that professional help will improve students' emotional condition.	0.09	−0.04	−0.02	**0.78**
43. I trust professionals' judgments on the situations faced by students.	0.09	0.05	0.01	**0.71**
34. I believe that professional help will improve students' social condition.	−0.02	0.09	−0.03	**0.70**
37. I believe that professional help will help students better understand themselves.	0.00	−0.07	−0.02	**0.70**
45. Overall, I am satisfied with the support of professionals.	−0.12	0.03	0.02	**0.63**
36. I believe that professional help will improve students' learning condition.	0.09	0.12	0.05	**0.62**
44. I believe that professionals' services are student-centered.	−0.03	−0.01	0.06	**0.58**

Table 1 (continued)

	Factors			
38. I believe that professional help will improve students' relationships with their families.	−0.12	−0.01	−0.03	**0.51**
26. Generally speaking, I believe that referrals are not helpful for students. (R)	0.17	0.15	−0.04	**−0.49**
25. Students who receive professional help can have listeners other than their teachers.	−0.04	−0.14	0.13	**0.48**
39. Generally speaking, professionals and teachers have close collaboration.	−0.09	−0.04	−0.02	**0.45**

R represents reverse-scored items. Coefficients in bold are unique factor loadings >.40

Teachers' self-stigma toward seeking help had a direct negative association with referral intention. Teachers' stigma toward their own help-seeking was also positively associated with *projected stigma of seeking help* (PS) and *valuing independent problem-solving* (VI), but negatively linked to *perceived helpfulness of mental health professionals* (PH) and *dedicated action to facilitate referral* (DA). Among the facets of referral attitudes, *dedicated action to facilitate referral* (but not the other three facets) appeared to be a significant mediator that partially explained the link between teachers' own help-seeking self-stigma and referral intention after controlling for teachers' well-being, personal counseling experiences, perceived severity of student problem, and self-efficacy in handling student problem. The indirect effect of self-stigma toward seeking help via dedicated action was significant ($\beta = -0.04$, $SE = 0.02$, 95% CI = [-0.09, -0.01]) whereas those via projected stigma ($\beta = 0.03$, $SE = 0.04$, 95% CI = [-0.03, 0.11]), valuing independent problem-solving ($\beta = -0.02$, $SE = 0.03$, 95% CI = [-0.07, 0.03]), and perceived helpfulness of MHP ($\beta = 0.03$, $SE = 0.03$, 95% CI = [-0.01, 0.09]) were non-significant. Among the covariates, only perceived severity emerged as a significant predictor of teachers' referral intention. Altogether, the model explained a total of 60.7% of the variance of referral intention.

4 Discussion

In this study, teachers with lower help-seeking stigma were found to have more favorable attitudes about referring students for psychological help. Specifically, they exhibited lower projected stigma and placed less emphasis on independent problem-solving, perceived MHPs as more helpful, and were more inclined to dedicate efforts to facilitate referrals. Teachers who reported taking more actions to facilitate referral, in turn, demonstrated higher intentions to refer students in standardized scenarios, even after accounting for perceived problem severity and self-efficacy in addressing student issues. In addition, teachers who have received counseling themselves reported lower help-seeking stigma. These findings indicate that teachers' attitudes about referrals and intentions to refer students are influenced by their personal views and experience with seeking help. We discuss these findings and their implications for teacher training programs aimed at promoting student mental health.

Table 2 Descriptive statistics for all variables ($N=291$)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1. [a] Gender													
2. Teaching experience (yrs)	0.14*												
3. [b] Personal counseling experience	0.12*	0.09											
4. [c] Master's level training	0.12*	0.04	0.10										
5. Perceived problem severity	0.12*	0.09	0.14*	−0.03									
6. Self-efficacy	−0.02	−0.07	−0.02	0.17**	−0.19**								
7. Teachers' well-being	0.07	0.14*	−0.17**	−0.06	−0.07	0.10							
8. Stigma of seeking help	−0.07	−0.10	−0.18**	−0.07	−0.08	−0.04	−0.15*						
9. PS	−0.04	−0.17**	−0.04	−0.02	−0.06	−0.01	−0.12*	0.36***					
10. VI	−0.17**	−0.09	−0.17**	−0.05	−0.05	0.08	−0.04	0.12*	0.13*				
11. DA	0.06	0.14*	0.11	0.11	0.15*	−0.06	0.04	−0.16**	−0.11	−0.23***			
12. PH	0.03	−0.09	0.13*	0.06	0.15**	−0.03	0.08	−0.24***	−0.31***	−0.16**	0.34***		
13. Referral of students	0.18**	0.04	0.19**	0.08	0.73***	−0.18**	−0.05	−0.20***	−0.06	−0.15*	0.30***	0.17**	
M	0.61	12.48	0.29	0.19	3.32	2.95	3.81	2.52	2.61	2.29	3.81	3.98	3.65
SD	0.49	9.28	0.46	0.39	0.53	0.56	0.86	0.44	0.58	0.63	0.59	0.38	0.55

PS = Projected Stigma of Seeking Help, VI = Valuing of Independent Problem-Solving, PH = Perceived Helpfulness of Mental Health Professionals, DA = Dedicated Action to Facilitate Referral. [a] Gender was dummy coded, 0 = male, 1 = female. [b] Personal counseling experience was dummy coded, 0 = no experience in counseling, 1 = had received counseling. [c] Master's level training was dummy coded, 0 = no master's training, 1 = had master's training. *$p < .05$, **$p < .01$, ***$p < .001$

4.1 Teachers' stigma of Help-seeking and its correlates

The positive association between teachers' stigma toward help-seeking and their perceptions of how their students might feel if the students sought help (i.e., projected stigma) may reflect the process of social projection (Robbins & Krueger, 2005). Social projection has been studied in the field of social cognition and variedly labelled attributive projection, egocentric attribution, egocentric bias, assumed similarity, and false consensus effect (Bazinger & Kühberger, 2012). When teachers project help-seeking stigma onto their students, they may expect students to make negative self-judgments for seeking professional help the way they would do so themselves.

Teachers who held stigmatized views about help-seeking were also found to value independent problem-solving in their students more. Indeed, items on the SSOSH assess perceived inadequacies of the self when one engages in help-seeking behaviors (Vogel et al., 2006), suggesting a correspondingly favorable self-evaluation when one handles problems *without* external help. Similar to stigma projection, teachers probably project the emphasis on independent problem-solving onto their students and see it as a valuable strength. As educators, teachers may also view fostering students' growth in self-confidence and encouraging them to take initiatives in learning, thinking, and problem-solving a vital mission (Sharpe, 2014). Culturally, the virtues of forbearance and self-reliance play significant roles in maintaining social harmony in collectivistic societies (Chang, 2015; Shi et al., 2020). These values emphasize avoiding imposition on others, which may contribute to Hong Kong teachers' perspectives on help-seeking and independence. Nevertheless, the internal consistency of the *Valuing of Independent Problem-Solving* subscale was slightly below generally acceptable levels, possibly due to the low number of items, and this finding should be interpreted with caution.

Teachers' self-stigma toward help-seeking was inversely associated with their perceived helpfulness of MHPs. This finding is in line with the previous literature showing that youths who attribute mental illness to personal weakness are less likely to believe in the helpfulness of professional helpers (Yap et al., 2011). People with high help-seeking stigma may want to distance themselves from anything or anyone related to help-seeking (Kosyluk et al., 2021), including the MHPs. By believing that the MHPs are not helpful, it may also justify ones' help-seeking stigma and keeping MHPs at arm's length, reducing cognitive dissonance (McGrath, 2017). Indeed, youths with high mental illness stigma prefer informal self-help to receiving help from professionals (Yap et al., 2011), possibly reflecting their beliefs about professionals' lack of helpfulness.

Teachers with lower help-seeking stigma reported greater willingness to dedicate actions to facilitate referral, which in turn predicted a higher intention to refer students depicted in case scenarios. This relationship suggests that teachers who do not perceive help-seeking as detrimental to their self-image are probably more likely to make extra efforts to refer students, such as persuading resistant students and parents, ultimately leading to more frequent referrals. In addition, dedicated action partially mediated the relationship between teachers' help-seeking stigma and their referral of students. The relatively strong mediating power of the DA subscale compared to other TARS subscales likely stems from construct similarity between dedicated

Table 3 Factor loadings and residuals of parcels for the latent constructs in the structural model

Latent construct	Factor loading Estimate (SE) [95% CI]	Residual Estimate (SE) [95% CI]
Projected stigma		
Parcel 1	0.81 (0.04) [0.74, 0.88]***	0.35 (0.06) [0.23, 0.46]***
Parcel 2	0.74 (0.05) [0.65, 0.83]***	0.46 (0.07) [0.33, 0.59]***
Parcel 3	0.71 (0.04) [0.62, 0.80]***	0.50 (0.06) [0.38, 0.62]***
Valuing of independent problem-solving		
Parcel 1	0.41 (0.07) [0.27, 0.55]***	0.83 (0.06) [0.72, 0.95]***
Parcel 2	0.63 (0.12) [0.39, 0.86]***	0.61 (0.15) [0.31, 0.90]***
Parcel 3	0.70 (0.11) [0.49, 0.92]***	0.51 (0.16) [0.20, 0.81]**
Perceived helpfulness of MHPs		
Parcel 1	0.79 (0.06) [0.68, 0.90]***	0.38 (0.09) [0.21, 0.55]***
Parcel 2	0.86 (0.03) [0.79, 0.93]***	0.26 (0.06) [0.14, 0.32]***
Parcel 3	0.87 (0.03) [0.81, 0.93]***	0.24 (0.05) [0.19, 0.40]***
Dedicated action to facilitate referral		
Parcel 1	0.94 (0.02) [0.90, 0.98]***	0.12 (0.04) [0.05, 0.20]**
Parcel 2	0.88 (0.03) [0.83, 0.93]***	0.23 (0.05) [0.14, 0.32]***
Parcel 3	0.84 (0.03) [0.78, 0.90]***	0.29 (0.06) [0.19, 0.40]***
Stigma of seeking help		
Parcel 1	0.50 (0.08) [0.35, 0.65]***	0.75 (0.08) [0.60, 0.90]***
Parcel 2	0.67 (0.06) [0.55, 0.79]***	0.55 (0.08) [0.39, 0.71]***
Parcel 3	0.75 (0.09) [0.58, 0.92]***	0.44 (0.13) [0.18, 0.69]**
Teachers' well-being		
Parcel 1	0.79 (0.04) [0.71, 0.86]***	0.38 (0.06) [0.27, 0.50]***
Parcel 2	0.75 (0.04) [0.67, 0.82]***	0.44 (0.06) [0.33, 0.55]***
Parcel 3	0.87 (0.03) [0.81, 0.93]***	0.25 (0.05) [0.14, 0.35]***

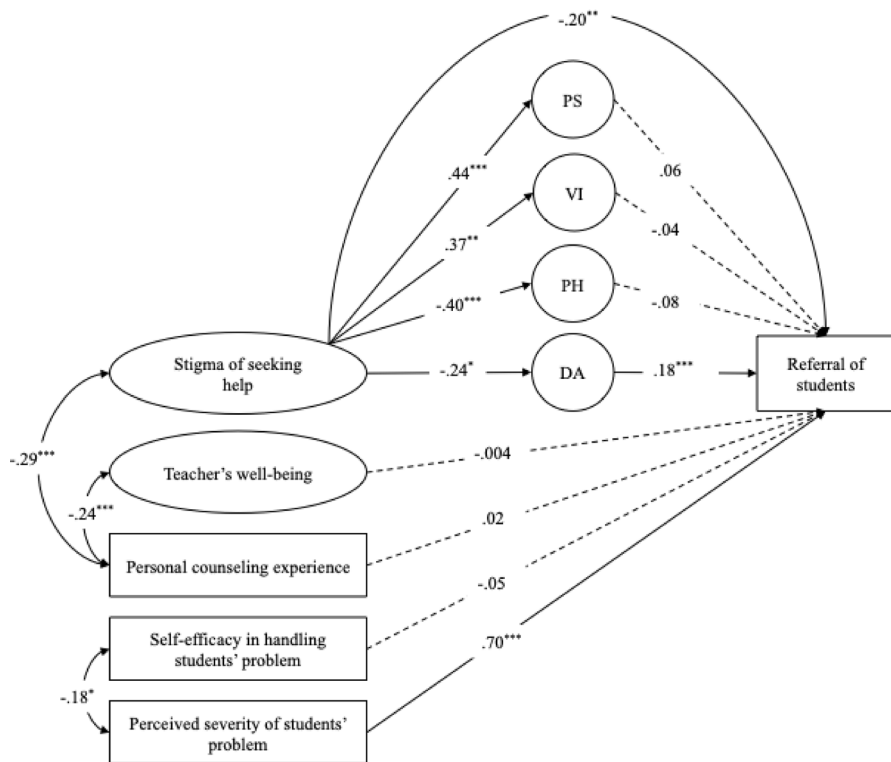All results presented in this table were standardized.
**$p<.01$, ***$p<.001$

Fig. 2 Structural model. PS = Projected stigma, VI = Valuing of independent problem-solving, PH = Perceived helpfulness of mental health professionals, DA = Dedicated action to facilitate referral. Rectangles represent observed variables; ovals indicate latent variables. For clarity of the presentation, covariates including gender, years of teaching experience and master's level training were not shown in the figure. All coefficients are standardized. $^{*}p<.05$, $^{**}p<.01$, $^{***}p<.001$

action and referral intention. As a result of teachers' help-seeking stigma, teachers may hold various attitudes about referring students, such as what seeking help implies about students (PS and VI) and its potential benefits (PH), but these attitudes and associations are still a step removed from the actual act of referral. In contrast, teachers' willingness to engage in referral-related behaviors (i.e., DA) is more directly linked to their intention to make actual referrals. This explanation is also supported by the observed correlation coefficients, where referral intention was more strongly associated with the DA subscale ($r=.30$) than the other TARS subscales (PS: $r=-.06$, VI: $r=-.15$; PH: $r=.17$). Our findings highlight that the predictive power of one's attitude toward a behavior on behavioral intention, based on the Theory of Planned Behavior, is complex and often depends on how different facets of attitude are defined and measured (Ajzen, 2011).

Personal experience in counseling predicted lower help-seeking stigma among teacher participants (although it did not directly predict referral intentions). This observation is consistent with the previous literature. For instance, service users reported more positive help-seeking attitudes than non-service users (Elhai et al., 2008). Familiarity with mental illness has also been shown to predict lower mental

illness stigma (Kosyluk et al., 2021), suggesting that knowledge about the help-seeking process may reduce the stigma associated with help-seeking. Indeed, attending a single counseling session in a group setting had been shown to be effective in reducing self-stigma of seeking help and improving attitudes toward counseling (Seidman et al., 2022; Wade et al., 2011). This finding may be attributed to experiential learning (Kolb, 1984), where individuals challenge the negative association between seeking help and self-image by engaging directly with counselors (Seidman et al., 2022). Through this experience, they may discover that seeking help does not necessarily impair self-image, thus reducing the self-stigma attached to help-seeking.

Perceived severity of student problems strongly predicted teachers' referral intentions. This finding is consistent with previous findings where teachers tended to refer students experiencing more severe problems for professional assistance than those with less severe problems (Chui et al., 2023; Hinchliffe & Campbell, 2016). Interestingly, teachers' self-efficacy in handling students' problems did not predict their intention to refer students. Perhaps this finding is related to the focus of the self-efficacy item. Specifically, teachers in this study were not asked about their self-efficacy in *referring* students, which likely predicts referral intention according to the Theory of Planned Behavior (Ajzen, 1991). Instead, when asked about their general beliefs about their ability to address a depicted student problem, some teachers might have responded in terms of their capacity to resolve issues independently, while others might have viewed referral as a viable option for handling the situation. This variation may contribute to an overall non-significant association with referral intentions.

Finally, teachers' wellbeing was not found to be associated with their intentions to refer students. Although poor wellbeing may impede teachers' ability to identify students in need (Mor & Winquist, 2002) and empathize with them (Kim & Han, 2018), the use of written case vignettes in this study may not fully capture the complexities of real-world classroom settings. For instance, in a classroom setting with multiple students, detecting issues in a student is much more challenging than evaluating written descriptions of individual students. Students' display of psychological symptoms may also be subtle and influenced by individual differences and contextual factors. It is therefore possible that teachers' wellbeing has less impact on their ability to interpret written descriptions and make referral decisions than it does in actual classroom settings, where wellbeing may play a more important role.

4.2 Limitations and future directions

The current study is an initial effort to understand factors that affect teachers' intention to refer students. These factors included teachers' personal attitude toward help-seeking and experience with help-seeking. Given that teacher participants in this study were only asked whether they had received counseling, future research could explore various aspects of teachers' counseling experience, such as satisfaction, type, and duration of counseling received to further investigate how these elements contribute to referral intentions. Teachers can also be interviewed to elaborate on how their personal counseling experience affects the way they think about help-seeking and referring students for help.

Data were collected at one timepoint in the present study. As such, we cannot draw conclusions about causality, although stigma toward mental illness and help-seeking develops early in life (Link et al., 2020) and likely precedes teachers' entry to the profession and the need to refer students arises. Longitudinal studies would permit a more direct test of how personal attitudes about help-seeking influences one's attitudes about referring others for assistance. Relying solely on teachers' self-report data in this study may have also inflated the observed associations due to shared method variance. Including multiple sources of data, such as students' and parents' experience of teachers' attitude and effort toward making referrals, could help reduce this bias in future studies.

In the present study, teachers' referral of students was assessed based on their intentions to refer students depicted in case scenarios, rather than in their actual work settings. While this design allowed for the standardization of stimuli and control over variability across schools and student populations, future studies should also examine the number of referrals that teachers make to investigate the real-world applicability of the findings. For example, do teachers who report more dedicated actions to facilitate referral indeed make more referrals in school (and not just have higher referral intention in response to case scenarios)?

Although efforts were made to include teachers with varying levels of teaching experience from secondary schools with diverse academic performances and locations within Hong Kong (and therefore neighborhoods of differing socioeconomic statuses), some participants were authors' professional contacts and former students who may have more mental health training than teachers from other backgrounds. Including teachers with varying experiences with student mental health will improve generalizability of findings.

While the current study shows a satisfactory factor structure for the TARS, internal consistency varied across subscales, and the psychometric evidence is considered preliminary. Future studies should be conducted to assess its replicability. In addition, the TARS may be translated and validated in English or other languages to examine whether the present findings are applicable in other cultural contexts. In addition, research may be conducted in other settings, such as primary schools and kindergartens, to see if the findings are applicable to teachers at different levels of education.

4.3 Implications

The present findings highlight how teachers' stigma of help-seeking and personal experience receiving counseling may influence their attitudes and intentions about referring students-in-need. These may have significant implications for the design of teacher training programs to promote student mental health. For instance, student mental health training programs typically involve teachers acquiring knowledge about the signs and symptoms of different mental disorders, skills to respond appropriately to students, and additional resources to consult for support or referral (Anderson et al., 2019) but rarely examine teachers' personal attitudes and experience with help-seeking. For example, across eight training studies, teachers showed improvement in knowledge and attitudes about mental health post-training, but training was not associated with more helping behaviors (e.g., offering support to students, recommend-

ing students to seek professional help) or improvement in students' mental health (Anderson et al., 2019). In another study, Wei et al. (2020) showed that mental health literacy training was effective in increasing preservice teachers' knowledge about mental health issues, reducing stigma of mental illness, and enhancing their help-seeking attitudes. However, while improvement in mental health knowledge and stigma maintained three months post-training, better help-seeking attitudes at post-training decayed over time (Wei et al., 2020). The lack of change in teachers' helping behavior or sustained changes in teachers' help-seeking attitudes in these studies may reflect limitations of current mental health training programs for teachers.

One possible reason for the observed limitations is that the mental health training teachers receive remains mostly at the cognitive level. That is, the focus on knowledge about mental illness and referral resources in training does not provide teachers with the opportunity to reflect on or reduce their personal biases against seeking help. In fact, when presented on its own, information about mental illness may sometimes be perceived as threatening and elicit psychological reactance or stigma toward help-seeking (Lienemann & Siegel, 2016). In contrast, several intervention programs have been shown to be effective in reducing help-seeking stigma (e.g., Cornish et al., 2019; Stanley et al., 2018). For example, to reduce help-seeking stigma among military personnel, participants may view short videos of individuals discussing their decision to seek professional help, its benefits, and read information about the help-seeking process (Cornish et al., 2019). Because stigma reduction programs are often brief and can be administered online, they can be readily incorporated into regular teacher training, potentially having a positive impact on teachers' attitudes and intention regarding referring students for help. The direct influence of stigma reduction programs on teachers' attitudes toward referrals, however, requires further investigation.

Besides including stigma reduction interventions in teacher training programs, having actual experience with the helping process may contribute to lower help-seeking stigma, as shown in this study. Teachers with experience receiving psychological support may share with students what to expect and dispel common myths about visiting MHPs, such as receiving directives or getting specific advice (Watsford et al., 2013). Indeed, a factor that contributes to students' resistance to seeking psychological help is their lack of knowledge about the process of seeing a MHP (Chui et al., 2023; Midgley et al., 2016). Students who learn from their teachers about what to expect when visiting a psychologist, counselor, or psychiatrist may be more likely to perceive teachers' referral positively. In addition, having experienced psychological support themselves may enable teachers to normalize the process of seeking help, which may positively impact their discussions with students about referrals.

Another potential benefit of teachers receiving counseling is that they can observe firsthand how MHPs interact with clients, allowing them to apply these helping skills with their students. Although many mental health training programs teach basic support and response skills (Anderson et al., 2019), demonstration and practice are often limited. By attending counseling sessions, teachers may gain valuable insight into the practical application of these skills and reinforce their training. Observational learning, or modeling, is a crucial component of counselor training and has been demonstrated to enhance learners' self-efficacy in using helping skills (Hill et al., 2014). Perhaps simulated counseling interactions led by school psychologists or school

counselors can be incorporated into teacher training programs to enhance teachers' readiness to support students and refer them for help where needed. In sum, future teacher mental health training may extend beyond knowledge and skill development to also address teachers' attitudes toward and experiences with help-seeking.

Declarations

Conflict of interest The authors do not have other relevant financial or non-financial interests to disclose.

Ethical approval This study received ethics approval from the Survey and Behavioural Research Ethics at The Chinese University of Hong Kong.

Informed consent All participants provided informed consent before participating in the present study.

References

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, *50*(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020-T

Ajzen, I. (2011). The theory of planned behaviour: Reactions and reflections. *Psychology & Health*, *26*(9), 1113–1127. https://doi.org/10.1080/08870446.2011.613995

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Anderson, M., Werner-Seidler, A., King, C., Gayed, A., Harvey, S. B., & O'Dea, B. (2019). Mental health training programs for secondary school teachers: A systematic review. *School Mental Health*, *11*(3), 489–508. https://doi.org/10.1007/s12310-018-9291-2

Bazinger, C., & Kühberger, A. (2012). Is social projection based on simulation or theory? Why new methods are needed for differentiating. *New Ideas in Psychology*, *30*(3), 328–335. https://doi.org/10.1016/j.newideapsych.2012.01.002

Bentler, P. M., & Bonett, D. G. (1980). Significance tests and goodness of fit in the analysis of covariance structures. *Psychological Bulletin*, *88*(3), 588–606. https://doi.org/10.1037/0033-2909.88.3.588

Berry, R. (2011). Assessment trends in Hong Kong: Seeking to establish formative assessment in an examination culture. *Assessment in Education: Principles Policy & Practice*, *18*(2), 199–211. https://doi.org/10.1080/0969594X.2010.527701

Bogt, T., de Looze, M., Lee, A., van den Eijnden, R., Stevens, G., & Fung, A. (2024). Social and economic indicators of psychological symptoms and life satisfaction among Dutch and Hong Kong adolescents: A cross-national HBSC study. *Cross-Cultural Research*, *59*(1), 88–120. https://doi.org/10.1177/10693971241231019

Chan, Y. M. (2000). Self-esteem: A cross-cultural comparison of British-Chinese, white British and Hong Kong Chinese children. *Educational Psychology*, *20*(1), 59–74. https://doi.org/10.1080/014434100110380

Chang, J. (2015). The interplay between collectivism and social support processes among Asian and Latino American college students. *Asian American Journal of Psychology*, *6*(1), 4–14. https://doi.org/10.1037/a0035820

Chui, H., Luk, S., Fung, K. K., & Huang, Y. (2023). Referring students for professional psychological help: A qualitative study of teachers' experience in Hong Kong. *Journal of School Psychology*, *99*, 101219. https://doi.org/10.1016/j.jsp.2023.05.002

Cornish, M. A., Brenner, R. E., Vogel, D. L., & Wade, N. G. (2019). Evaluation of an online help seeking stigma-reduction intervention for military personnel. *Stigma and Health*, *4*(4), 480–486. https://doi.org/10.1037/sah0000167

Department of Health. (2004). *National service framework for children, young people and maternity services: The mental health and psychological well-being of children and young people*. DH Publications

Elhai, J. D., Schweinle, W., & Anderson, S. M. (2008). Reliability and validity of the attitudes toward seeking professional psychological help Scale-Short form. *Psychiatry Research*, *159*(3), 320–329. https://doi.org/10.1016/j.psychres.2007.04.020

Essau, C. A., Leung, P. W. L., Conradt, J., Cheng, H., & Wong, T. (2008). Anxiety symptoms in Chinese and German adolescents: Their relationship with early learning experiences, perfectionism, and learning motivation. *Depression and Anxiety*, *25*(9), 801–810. https://doi.org/10.1002/da.20334

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, *36*, 368–373.

Guo, C., Tomson, G., Guo, J., Li, X., Keller, C., & Söderqvist, F. (2015). Psychometric evaluation of the mental health Continuum-Short form (MHC-SF) in Chinese adolescents–a methodological study. *Health and Quality of Life Outcomes*, *13*(1), 198. https://doi.org/10.1186/s12955-015-0394-2

Hayes, A. F. (2015). An index and test of linear moderated mediation. *Multivariate Behavioral Research*, *50*(1), 1–22. https://doi.org/10.1080/00273171.2014.962683

Hill, C. E., Spangler, P. T., Jackson, J. L., & Chui, H. (2014). Training undergraduate students to use insight skills: Integrating the results of three studies. *The Counseling Psychologist*, *42*(6), 800–820. https://doi.org/10.1177/0011000014542602

Hinchliffe, K. J., & Campbell, M. A. (2016). Tipping points: Teachers' reported reasons for referring primary school children for excessive anxiety. *Journal of Psychologists and Counsellors in Schools*, *26*(1), 84–99. https://doi.org/10.1017/jgc.2015.24

Hong Kong Jockey Club Centre for Suicide Research and Prevention (n.d.). *Suicide rates by age groups in Hong Kong*. Retrieved February 7 (2025). from https://csrp.hku.hk/statistics/

Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal*, *6*(1), 1–55. https://doi.org/10.1080/10705519909540118

Jin, P., Yeung, A. S., Tang, T., & Low, R. (2008). Identifying teachers at risk in Hong kong: Psychosomatic symptoms and sources of stress. *Journal of Psychosomatic Research*, *65*(4), 357–362. https://doi.org/10.1016/j.jpsychores.2008.03.003

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion in Psychiatry*, *20*(4), 359–364. https://doi.org/10.1097/YCO.0b013e32816ebc8c

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, *73*, 539–548. https://doi.org/10.1037/0022-006X.73.3.539

Kim, H., & Han, S. (2018). Does personal distress enhance empathic interaction or block it? *Personality and Individual Differences*, *124*, 77–83. https://doi.org/10.1016/j.paid.2017.12.005

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Prentice Hall.

Kosyluk, K. A., Conner, K. O., Al-Khouja, M., Bink, A., Buchholz, B., Ellefson, S., Fokuo, K., Goldberg, D., Kraus, D., Leon, A., Powell, K., Schmidt, A., Michaels, P., & Corrigan, P. W. (2021). Factors predicting help seeking for mental illness among college students. *Journal of Mental Health*, *30*(3), 300–307. https://doi.org/10.1080/09638237.2020.1739245

Lai-Yeung, S. W. C. (2014). The need for guidance and counselling training for teachers. *Procedia-Social and Behavioral Sciences*, *113*, 36–43. https://doi.org/10.1016/j.sbspro.2014.01.008

Lannin, D. G., Vogel, D. L., Brenner, R. E., Abraham, W. T., & Heath, P. J. (2016). Does self-stigma reduce the probability of seeking mental health information? *Journal of Counseling Psychology*, *63*(3), 351–358. https://doi.org/10.1037/cou0000108

Lee, J., & Shim, J. (2024). Using the theory of planned behavior to predict teachers' intention to refer. *Review of Integrative Business and Economics Research*, *13*(1), 33–42.

Leung, S. S. K., Mak, Y. W., Chui, Y. Y., Chiang, V. C. L., & Lee, A. C. K. (2009). Occupational stress, mental health status and stress management behaviors among secondary school teachers in Hong Kong. *Health Education Journal*, *68*(4), 328–343. https://doi.org/10.1177/0017896909349255

Li, T. M. H., & Leung, C. S. Y. (2020). Exploring student mental health and intention to use online counseling in Hong Kong during the COVID-19 pandemic. *Psychiatry and Clinical Neurosciences*, *74*(10), 564–565. https://doi.org/10.1111/pcn.13117

Lienemann, B. A., & Siegel, J. T. (2016). State psychological reactance to depression public service announcements among people with varying levels of depressive symptomatology. *Health Communication*, *31*(1), 102–116. https://doi.org/10.1080/10410236.2014.940668

Link, B. G., DuPont-Reyes, M. J., Barkin, K., Villatoro, A. P., Phelan, J. C., & Painter, K. (2020). A school-based intervention for mental illness stigma: A cluster randomized trial. *Pediatrics*, *145*(6), e20190780. https://doi.org/10.1542/peds.2019-0780

Little, T. D., Rioux, C., Odejimi, O. A., & Stickley, Z. L. (2022). *Parceling in structural equation modeling: A comprehensive introduction for developmental scientists*. Cambridge University Press. https://doi.org/10.1017/9781009211659

Luk-Fong, P. Y. Y., & Lee-Man, Y. C. (2013). *School guidance and counseling: Trends and practices*. Hong Kong University. http://www.jstor.org/stable/j.ctt7zsx12

McGrath, A. (2017). Dealing with dissonance: A review of cognitive dissonance reduction. *Social and Personality Psychology Compass*, *11*(12), e12362. https://doi.org/10.1111/spc3.12362

Midgley, N., Holmes, J., Parkinson, S., Stapley, E., Eatough, V., & Target, M. (2016). Just like talking to someone about like shit in your life and stuff, and they help you: Hopes and expectations for therapy among depressed adolescents. *Psychotherapy Research*, *26*(1), 11–21. https://doi.org/10.1080/10503307.2014.973922

Mo, P. K. H., Ko, T. T., & Xin, M. Q. (2018). School-based gatekeeper training programmes in enhancing gatekeepers' cognitions and behaviours for adolescent suicide prevention: A systematic review. *Child and Adolescent Psychiatry and Mental Health*, *12*(1), 29. https://doi.org/10.1186/s13034-018-0233-4

Mor, N., & Winquist, J. (2002). Self-focused attention and negative affect: A meta-analysis. *Psychological Bulletin*, *128*(4), 638–662. https://doi.org/10.1037/0033-2909.128.4.638

Ng, P., Chan, K. F., & Ho, W. C. (2008). A study on mental health of secondary school students in three metropolitan cities in china: Hong Kong, Shanghai, and Beijing. *International Journal of Adolescent Medicine and Health*, *20*(1), 53–62. https://doi.org/10.1515/IJAMH.2008.20.1.53

O'Connor, B. P. (2000). SPSS and SAS programs for determining the number of components using parallel analysis and velicer's MAP test. *Behavior Research Methods Instruments & Computers*, *32*(3), 396–402. https://doi.org/10.3758/BF03200807

Pearcy, M. T., Clopton, J. R., & Pope, A. W. (1993). Influences on teacher referral of children to mental health services: Gender, severity, and internalizing versus externalizing problems. *Journal of Emotional and Behavioral Disorders*, *1*(3), 165–169. https://doi.org/10.1177/106342669300100304

Robbins, J. M., & Krueger, J. I. (2005). Social projection to ingroups and outgroups: A review and meta-analysis. *Personality and Social Psychology Review*, *9*(1), 32–47. https://doi.org/10.1207/s15327957pspr0901_3

Salili, F., Lai, M. K., & Leung, S. S. K. (2004). The consequences of pressure on adolescent students to perform well in school. *Hong Kong Journal of Pediatrics*, *9*(4), 329–336.

Schwarzer, R., Schmitz, G. S., & Tang, C. (2000). Teacher burnout in Hong Kong and germany: A cross-cultural validation of the Maslach burnout inventory. *Anxiety Stress & Coping*, *13*(3), 309–326. https://doi.org/10.1080/10615800008549268

Seidman, A. J., Wade, N. G., & Geller, J. (2022). The effects of group counseling and self-affirmation on stigma and group relationship development: A replication and extension. *Journal of Counseling Psychology*, *69*(5), 701–710. https://doi.org/10.1037/cou0000614

Sharpe, D. (2014). Independent thinkers and learners: A critical evaluation of the 'Growing together schools programme'. *Pastoral Care in Education*, *32*(3), 197–207. https://doi.org/10.1080/026439 44.2014.940551

Shi, W., Shen, Z., Wang, S., & Hall, B. J. (2020). Barriers to professional mental health help-seeking among Chinese adults: A systematic review. *Frontiers in Psychiatry*, *11*, 442. https://doi.org/10.338 9/fpsyt.2020.00442

Stanley, I. H., Hom, M. A., & Joiner, T. E. (2018). Modifying mental health help-seeking stigma among undergraduates with untreated psychiatric disorders: A pilot randomized trial of a novel cognitive bias modification intervention. *Behaviour Research and Therapy*, *103*, 33–42. https://doi.org/10.10 16/j.brat.2018.01.008

Stewart, S. M., Betson, C. L., Lam, T. H., Chung, S. F., Ho, H. H., & Chung, T. C. F. (1999). The correlates of depressed mood in adolescents in Hong Kong. *Journal of Adolescent Health*, *25*(1), 27–34. https://doi.org/10.1016/S1054-139X(98)00018-4

Tan, C. (2017). Confucianism and education. In G. Noblit (Ed.), *Oxford research encyclopedia of education* (pp. 1–18). Oxford University Press. https://doi.org/10.1093/acrefore/9780190264093.013.226

Tang, J. J., Leka, S., & MacLennan, S. (2013). The psychosocial work environment and mental health of teachers: A comparative study between the united Kingdom and Hong Kong. *International Archives of Occupational and Environmental Health*, *86*(6), 657–666. https://doi.org/10.1007/s00420-012-0 799-8

Vogel, D. L., Armstrong, P. I., Tsai, P. C., Wade, N. G., Hammer, J. H., Efstathiou, G., & Topkaya, N. (2013). Cross-cultural validity of the self-stigma of seeking help (SSOSH) scale: Examination across six nations. *Journal of Counseling Psychology*, *60*(2), 303–310. https://doi.org/10.1037/a0032055

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, *53*(3), 325–337. https://doi.org/10.1037/0022-0 167.53.3.325

Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. *Journal of Counseling & Development*, *85*(4), 410–422. https://doi.org/10.100 2/j.1556-6678.2007.tb00609.x

Vogel, D. L., Strass, H. A., Heath, P. J., Al-Darmaki, F. R., Armstrong, P. I., Baptista, M. N., & Mackenzie, C. S. (2017). Stigma of seeking psychological services: Examining college students across ten countries/regions. *The Counseling Psychologist*, *45*(2), 170–192. https://doi.org/10.1177/0011000016671411

Wade, N. G., Post, B. C., Cornish, M. A., Vogel, D. L., & Tucker, J. R. (2011). Predictors of the change in self-stigma following a single session of group counseling. *Journal of Counseling Psychology*, *58*(2), 170–182. https://doi.org/10.1037/a0022630

Watsford, C., Rickwood, D., & Vanags, T. (2013). Exploring young people's expectations of a youth mental health care service. *Early Intervention in Psychiatry*, *7*(2), 131–137. https://doi.org/10.1111/j.1751-7893.2012.00361.x

Wei, Y., Carr, W., Alaffe, R., & Kutcher, S. (2020). Mental health literacy development: Application of online and in-person professional development for preservice teachers to address knowledge, stigma, and help-seeking intentions. *Canadian Journal of Behavioural Science/Revue Canadienne Des Sciences Du Comportement*, *52*(2), 107–114. https://doi.org/10.1037/cbs0000164

Worthington, R. L., & Whittaker, T. A. (2006). Scale development research: A content analysis and recommendations for best practices. *The Counseling Psychologist*, *34*(6), 806–838. https://doi.org/10.117 7/0011000006288127

Yap, M. B., Wright, A., & Jorm, A. F. (2011). The influence of stigma on young people's help-seeking intentions and beliefs about the helpfulness of various sources of help. *Social Psychiatry and Psychiatric Epidemiology*, *46*, 1257–1265. https://doi.org/10.1007/s00127-010-0300-5

Zhu, S., Zhuang, Y., Lee, P., & Wong, P. W. C. (2021). The changes of suicidal ideation status among young people in Hong Kong during COVID-19: A longitudinal survey. *Journal of Affective Disorders*, *294*, 151–158. https://doi.org/10.1016/j.jad.2021.07.042

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