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Mental Health Literacy and Help-Seeking Pathways in School Counseling: A Conceptual Framework for Primary and Secondary Students

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ABSTRACT

Mental health literacy has become an important concern for schools because students may experience psychological distress while lacking the knowledge, language, confidence, or supportive conditions required to seek help. Although school counseling services can increase access to support, service availability alone may not ensure that primary and secondary students recognize difficulties, reduce stigma, trust school-based helpers, and move from distress to actual help-seeking. This article develops a conceptual framework linking mental health literacy and help-seeking pathways in school counseling. Using an integrative framework synthesis of twenty uploaded sources, including international guidance, school mental health literature, help-seeking reviews, mental health literacy scholarship, social support theory, and Chinese policy and empirical studies, the article addresses three questions: what dimensions of mental health literacy are most relevant to school counseling, what barriers and facilitators shape student help-seeking, and how schools can translate mental health education into accessible counseling pathways. The synthesis suggests that student help-seeking is a staged and ecological process involving problem recognition, interpretation of distress, disclosure readiness, selection of help sources, access to school counseling, and follow-up support. Barriers tend to occur across individual, social, relational, institutional, and policy levels. The proposed framework positions mental health literacy as a bridge between school mental health education and counseling access, while teacher support, peer support, family engagement, confidentiality, visible referral pathways, and culturally responsive school systems operate as enabling conditions. The article contributes a practical conceptual model for schools seeking to strengthen help-seeking literacy and reduce the gap between psychological need and counseling use.

KEYWORDS

Mental health literacy; Help-seeking; School counseling; Primary and secondary students; Student support; School mental health; Conceptual framework.

1. INTRODUCTION

Child and adolescent mental health has increasingly become a concern for education systems rather than a matter located only in clinical services. UNICEF (2021) framed children's mental health as a developmental and social issue that affects learning, relationships, family life, and participation in society. Similarly, UNESCO, UNICEF, World Health Organization, and World Bank (2023) described mental health as more than the absence of illness, emphasizing that learners with good mental health are better able to cope with ordinary stressors, learn effectively, form meaningful relationships, and contribute to their communities. These international perspectives suggest that schools cannot treat mental health as a peripheral welfare topic separated from educational quality.

The importance of the school setting follows from both access and development. Schools are among the few institutions that reach nearly all children and adolescents on a regular basis. Fazel, Hoagwood, Stephan, and Ford (2014) argued that mental health services embedded in schools can create a continuum of care with potential benefits for mental health and educational attainment. Hoover and Bostic (2021) similarly described schools as a vital component of the child and adolescent mental health system because they can support promotion, prevention, early identification, intervention, and coordination with community services. In this sense, school counseling can serve not only students with diagnosed disorders but also students experiencing emerging stress, adjustment problems, interpersonal difficulties, and barriers to learning.

Nevertheless, the existence of school counseling services does not necessarily mean that students will use them. A persistent difficulty is the gap between psychological need and help-seeking behavior. Gulliver, Griffiths, and Christensen (2010) found that young people commonly identify stigma, embarrassment, poor recognition of symptoms, and preference for self-reliance as barriers to seeking mental health support. Radez et al. (2021) further reported that help-seeking among children and adolescents is shaped by individual factors, social stigma, the perceived therapeutic relationship, and systemic or structural barriers. These findings indicate that the problem is not limited to the supply of services; it also involves whether students understand distress, perceive help as legitimate, trust available adults, and know how to access support.

Mental health literacy provides one way to address this gap. Jorm (2012) described mental health literacy as public knowledge and beliefs related to prevention, recognition, help-seeking options, self-help strategies, and first aid support for others. Kutcher, Wei, and Coniglio (2016) extended this understanding by emphasizing knowledge of positive mental health, understanding of mental disorders and treatments, stigma reduction, and help-seeking efficacy. In schools, mental health literacy is not simply factual knowledge about disorders. It can function as an educational bridge between classroom mental health education and actual counseling access.

This bridge is especially important in primary and secondary education. Younger students may lack the vocabulary needed to describe distress, while adolescents may recognize problems but hesitate to disclose them because of stigma, privacy concerns, or peer norms. Rickwood, Deane, Wilson, and Ciarrochi (2005) conceptualized help-seeking as a process of translating the personal domain of psychological distress into the interpersonal domain of seeking help. Applied to schools, this means that students must move through several linked steps: noticing that something is wrong, interpreting the experience as a concern that may merit help, identifying an appropriate person or service, disclosing the concern, and receiving a response that supports further engagement.

The Chinese context illustrates why this topic requires careful attention. China's Special Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work in the New Era (2023-2025) places student mental health within a cross-sector policy agenda involving schools, families, society, and professional services (Ministry of Education of China et al., 2023). At the same time, empirical studies indicate that school mental health education and counseling remain unevenly developed. Caldarella, Chan, Christensen, Lin, and Liu (2013) found that many school mental health educators in Beijing combined counseling, consultation, teaching, assessment, and other responsibilities while reporting needs for better training, supervision, and professional recognition. Shi, Liu, and Leuwerke (2014) found that Chinese students who had previous counseling experience tended to rate school counselors more positively, suggesting that familiarity and direct experience may influence students' perceptions and willingness to use services.

The present article therefore develops a conceptual framework for mental health literacy and help-seeking pathways in school counseling for primary and secondary students. The focus is not to test a statistical model or report new survey data. Instead, the article synthesizes existing literature and policy materials to clarify how schools may move from general mental health education to practical help-seeking pathways. The article follows an IMRaD structure adapted for a conceptual framework

study: the Introduction establishes the macro-to-micro rationale; the Method explains the integrative framework synthesis; the Results present the source base, conceptual dimensions, staged pathway, and proposed framework; and the Discussion examines theoretical, practical, policy, and research implications.

2. METHOD

This article used an integrative framework synthesis design. This design is appropriate when the aim is to develop a conceptual framework from diverse sources rather than to aggregate effect sizes or report primary empirical findings. The synthesis combined international organization reports, school mental health guidance, peer-reviewed reviews and conceptual papers, mental health literacy scholarship, help-seeking research, social support theory, and China-related policy and empirical studies. The purpose was to generate a model that is theoretically grounded, educationally meaningful, and adaptable to primary and secondary school contexts.

The evidence base was organized into five categories, as shown in Table 1. The first category included school mental health and counseling literature that explains the role of schools in prevention, early identification, counseling, referral, and coordinated support (Fazel et al., 2014; Hoover & Bostic, 2021). The second category included international and systems guidance emphasizing whole-school and health-promoting approaches (National Center for School Mental Health, 2019; UNESCO et al., 2023; World Health Organization & UNESCO, 2021a, 2021b). The third category focused on mental health literacy as a concept and intervention target (Jorm, 2012; Kutcher et al., 2016). The fourth category examined help-seeking barriers and facilitators among young people (Gulliver et al., 2010; Radez et al., 2021; Rickwood et al., 2005). The fifth category provided contextual evidence from China, including policy documents and studies on school mental health education and school counseling (Caldarella et al., 2013; Ministry of Education of China et al., 2023; Qu et al., 2024; Shi et al., 2014).

Table 1. Source Categories Used in the Integrative Framework Synthesis

Source category	Representative sources	Contribution to the framework
School mental health and counseling	Fazel et al. (2014); Hoover and Bostic (2021); National Center for School Mental Health (2019)	Explains why schools can provide accessible, coordinated, and tiered support for student mental health.
Health-promoting school and systems guidance	WHO and UNESCO (2021a, 2021b); UNESCO et al. (2023)	Frames mental health as part of whole-school policy, curriculum, environment, community, and service systems.
Mental health literacy	Jorm (2012); Kutcher et al. (2016)	Defines the knowledge, attitudes, stigma reduction, and help-seeking efficacy needed for students to recognize and respond to distress.
Help-seeking research	Rickwood et al. (2005); Gulliver et al. (2010); Radez et al. (2021)	Identifies the stages, barriers, and facilitators that shape whether young people seek mental health support.
Chinese policy and school context	Ministry of Education of China et al. (2023); Caldarella et al. (2013); Shi et al. (2014); Qu et al. (2024)	Contextualizes the framework within school mental health education, counseling access, professional development, and policy priorities in China.

The analytic procedure consisted of four steps. First, each source was read for claims related to mental health literacy, help-seeking, stigma, counseling access, student support, school ecology, and policy

implementation. Second, extracted claims were coded into ecological levels: student, peer and family, school organization, community service, and policy context. Third, the coded claims were arranged into a staged help-seeking process, drawing on Rickwood et al.'s (2005) view of help-seeking as movement from personal distress to interpersonal support. Fourth, the components were translated into a conceptual framework specifying literacy dimensions, pathway stages, enabling conditions, school practices, and possible research propositions.

Because this is a conceptual framework article, the method has several boundaries. It does not claim to be a systematic review with exhaustive search, screening, and quality appraisal. It also does not claim to demonstrate causal effects. Instead, the contribution lies in organizing existing evidence into a coherent framework that can guide school counseling practice and future empirical research. To support academic caution, claims are presented as tendencies, implications, or evidence-informed propositions unless the cited literature directly supports stronger wording.

3. RESULTS

3.1. Mental Health Literacy as a Bridge from Education to Counseling Access

The synthesis suggests that mental health literacy is most useful in school counseling when it is treated as a bridge between general mental health education and actual help-seeking behavior. In its earlier formulation, mental health literacy referred to knowledge and beliefs that assist recognition, management, and prevention of mental disorders (Jorm, 2012). In a school setting, however, this definition requires educational adaptation. Students do not only need to name symptoms; they also need to distinguish ordinary stress from concerns requiring support, understand what school counseling can and cannot provide, know how confidentiality works, and develop confidence to approach appropriate helpers.

Table 2. School-Relevant Dimensions of Mental Health Literacy

Dimension	Meaning in school counseling	Illustrative school practice
Positive mental health knowledge	Understanding well-being, stress, coping, sleep, relationships, and protective habits.	Classroom lessons on emotions, coping strategies, and healthy routines.
Problem recognition	Noticing signs that distress may require support rather than viewing all difficulties as personal weakness.	Age-appropriate examples of anxiety, depression, bullying-related distress, grief, and adjustment problems.
Stigma reduction	Reducing shame, labeling, and fear of negative peer or teacher judgment.	Anti-stigma campaigns, student discussion, and normalization of help-seeking.
Help-seeking efficacy	Knowing when, where, how, and from whom to seek help.	Visible counseling procedures, self-referral forms, and explanation of what happens in a counseling meeting.
Self-help and peer support literacy	Using safe coping strategies and knowing how to support peers without taking on a therapist role.	Mental health first-aid style skills, peer support boundaries, and referral encouragement.
Confidentiality and service literacy	Understanding privacy, limits to confidentiality, referral, crisis response, and follow-up.	Student-friendly counseling service guides and orientation sessions.

Kutcher et al. (2016) argued that mental health literacy should include understanding how to obtain and maintain positive mental health, understanding disorders and treatments, reducing stigma, and enhancing help-seeking efficacy. These dimensions are directly relevant to school counseling. A

student may have some knowledge of depression or anxiety but still avoid counseling because of shame or uncertainty about what will happen in the counseling room. Conversely, a student may be willing to talk but lack the language to explain distress. Thus, school-based mental health literacy should integrate knowledge, attitudes, communication skills, and pathway knowledge.

The framework developed in this article identifies six school-relevant dimensions of mental health literacy, summarized in Table 2. These dimensions are not separate lessons to be delivered in isolation. Rather, they are interrelated capabilities that help students move from awareness to action. For example, problem recognition can support disclosure readiness, while understanding confidentiality can reduce perceived risk and increase trust in school counseling. The educational task is therefore to build a sequence of literacy experiences that students can apply when they or their peers encounter distress.

3.2. Help-Seeking as a Staged and Ecological Pathway

The reviewed literature indicates that help-seeking is better understood as a pathway than as a single decision. Rickwood et al. (2005) defined help-seeking as actively seeking assistance from other people in response to a problem or distressing experience. Their work also emphasized that young people must translate private psychological distress into interpersonal communication. This translation is demanding for students because it requires emotional awareness, vocabulary, trust, perceived safety, and knowledge of available support.

Table 3. Help-Seeking Pathway in School Counseling

Stage	Student task	Common barriers	School-based supports
1. Experiencing distress	Notice emotional, behavioral, academic, or interpersonal difficulty.	Students may normalize persistent distress or express it through behavior rather than words.	Routine mental health education, teacher observation, and supportive classroom climate.
2. Recognizing the problem	Interpret the difficulty as something that may deserve support.	Low mental health literacy and limited symptom recognition.	Developmentally appropriate examples and problem-recognition activities.
3. Disclosure readiness	Decide whether talking to someone feels acceptable and safe.	Stigma, embarrassment, self-reliance, fear of judgment.	Anti-stigma work, confidentiality education, peer norms that normalize support.
4. Selecting help source	Choose whether to approach peers, family, teachers, counselors, or external services.	Uncertainty about who can help or what each helper does.	Clear help maps, counselor introduction sessions, teacher referral guidance.
5. Accessing school counseling	Make contact with a counselor or trusted school adult.	Visible counseling location, unclear appointment process, distrust of privacy.	Multiple entry points, discreet appointment systems, student-friendly counseling information.
6. Follow-up and continuity	Remain engaged or move to more appropriate support when needed.	Poor first experience, weak referral, lack of family or community coordination.	Follow-up procedures, warm referral, family-school-community collaboration.

In school counseling, this pathway can be divided into six stages: experiencing distress, recognizing and interpreting the problem, deciding whether disclosure is acceptable, selecting a source of help, accessing counseling or other school support, and engaging in follow-up. Each stage contains possible interruptions. A student may experience distress but regard it as normal examination pressure.

Another student may recognize the problem but fear being labeled. A third may intend to seek help but avoid the counseling room because it is in a visible location or because confidentiality is unclear. Rickwood et al. (2005) reported that students may be discouraged by public counseling office locations and fears that counselors will not keep information private.

Table 3 presents the staged help-seeking pathway. The table also shows how mental health literacy interacts with social and institutional conditions. This interaction is important because knowledge alone may not be sufficient. A student can understand anxiety but still avoid help if peers mock counseling or if school procedures are confusing. Similarly, a supportive teacher can become a pathway facilitator when the teacher recognizes distress, responds nonjudgmentally, and refers the student through an appropriate channel.

3.3. Barriers and Facilitators Across Ecological Levels

The pathway is shaped by barriers and facilitators at multiple ecological levels. At the individual level, the most common barriers are limited mental health knowledge, difficulty identifying symptoms, low emotional vocabulary, negative beliefs about counseling, and preference for self-reliance. Gulliver et al. (2010) found that stigma and embarrassment, poor symptom recognition, and self-reliance were among the most important barriers reported by young people. These findings suggest that school mental health literacy should not only teach definitions but also help students practice recognizing and articulating concerns.

At the social level, stigma, peer judgment, family attitudes, and gender norms may influence whether students seek help. Radez et al. (2021) found that almost all reviewed studies reported individual barriers and that social factors such as stigma and embarrassment were also highly prominent. Cohen and Wills (1985) argued that social support can influence well-being through both direct and stress-buffering processes. In the school counseling context, perceived support from teachers, peers, and families may therefore make help-seeking more acceptable and less threatening. This does not mean that peers or teachers should replace professional support. Rather, they may function as gatekeepers who encourage disclosure and guide students toward appropriate services.

At the relational and service level, students' expectations of the counseling relationship appear important. Radez et al. (2021) identified confidentiality and trust in professionals as major concerns. In China, Shi et al. (2014) found that students who had received counseling services rated counselors more positively in several areas, including approachability, understanding, reliability, availability, and overall effectiveness. This finding suggests that students' direct or vicarious familiarity with counseling may reduce uncertainty and improve service perceptions. It also implies that schools should make counseling visible and understandable before students experience serious distress.

At the institutional level, counseling access may be constrained by staffing, role ambiguity, limited privacy, weak referral pathways, and uneven professional training. Caldarella et al. (2013) reported that many school mental health educators in Beijing performed counseling, assessment, and consultation but also indicated excessive non-mental-health responsibilities and needs for better training and supervision. Qu et al. (2024) found that Chinese school mental health prevention and intervention practices still show regional disparities, limited focus on younger children, incomplete pathways from screening to intervention, and insufficient integration. These findings indicate that student help-seeking literacy must be supported by school systems capable of responding when students seek help.

At the policy level, students' pathways are influenced by whether schools receive clear guidance, workforce support, data safeguards, and cross-sector referral mechanisms. The Chinese 2023-2025 Special Action Plan emphasizes student mental health literacy, coordinated action among schools, families, and society, and improvement of student mental health work across educational stages (Ministry of Education of China et al., 2023). International guidance on health-promoting schools similarly emphasizes policies, curricula, environments, communities, and health services as parts of

a whole-school approach (World Health Organization & UNESCO, 2021a, 2021b). The policy implication is that help-seeking cannot be improved only through student education; schools also need structures that make seeking help feasible, safe, and meaningful.

3.4. The Proposed Conceptual Framework

The proposed framework links mental health literacy to help-seeking pathways through a sequence of mechanisms. Mental health literacy is expected to support problem recognition, reduce stigmatizing interpretations, increase disclosure readiness, and strengthen students' confidence in knowing when and how to seek help. These processes then contribute to help-seeking intention and counseling access. However, the pathway is conditioned by teacher support, peer norms, family engagement, confidentiality, counselor visibility, and institutional readiness. Figure 1 presents this conceptual pathway.

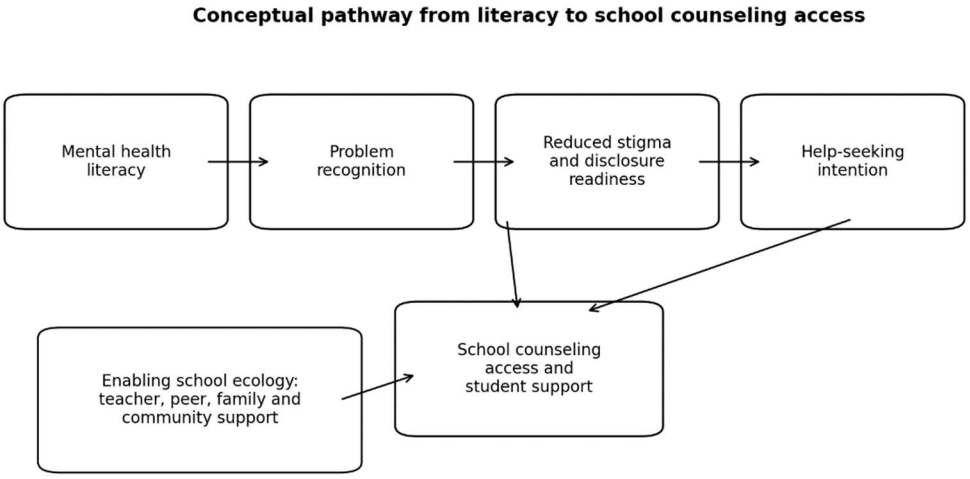

Figure 1. Conceptual Framework of Mental Health Literacy and Help-Seeking Pathways in School Counseling.

Table 4. Translating the Conceptual Framework into School Counseling Practice

Framework component	Main purpose	Possible school practice
Literacy curriculum	Build students' knowledge of well-being, distress, support options, and safe coping.	Integrate developmentally appropriate mental health literacy into health education, class meetings, or counseling curriculum.
Help-seeking literacy	Teach students when, where, and how to seek support.	Provide counseling maps, student orientation, examples of referral routes, and scripts for asking for help.
Anti-stigma and disclosure climate	Make help-seeking socially acceptable and reduce fear of labeling.	Use peer-informed campaigns, classroom discussion, and language that normalizes support.
Confidential access pathways	Reduce practical and privacy barriers to first contact.	Offer discreet appointment systems, clear confidentiality explanations, and multiple entry points.
Teacher and peer gatekeeping	Help students reach appropriate adults without overburdening peers or teachers.	Train teachers in warning signs and referral; teach peers to listen, support, and refer.
Family and community linkage	Extend support beyond school and improve referral continuity.	Parent education, referral partnerships, family consultation, and follow-up after referral.
Evaluation and feedback	Assess whether students understand, trust, and use the pathway.	Monitor help-seeking knowledge, counseling access, student satisfaction, referral completion, and equity of access.

As shown in Figure 1, the framework does not assume a simple linear effect of information on behavior. Instead, it treats help-seeking as a process in which cognitive, emotional, relational, and organizational factors interact. Table 4 translates the framework into school-level practices. These practices are presented as adaptable components rather than fixed prescriptions because schools differ in staffing, culture, policy context, and available community services.

4. DISCUSSION

The framework contributes to school counseling literature by shifting attention from service availability to pathway usability. Many schools attempt to improve student mental health by adding counseling rooms, organizing lectures, or conducting screening. These activities may be useful, but the synthesis indicates that students also need the literacy, trust, language, and supportive environment required to move from distress to help. This is consistent with the broader school mental health literature, which suggests that school-based services work best when they are embedded within comprehensive and coordinated systems (Fazel et al., 2014; Hoover & Bostic, 2021; National Center for School Mental Health, 2019).

A first theoretical implication is that mental health literacy should be conceptualized as action-oriented literacy. If mental health literacy is reduced to the memorization of symptoms or diagnostic categories, it may have limited influence on student help-seeking. Jorm (2012) emphasized recognition, prevention, help-seeking options, self-help, and first aid support. Kutcher et al. (2016) similarly argued that mental health literacy includes help-seeking efficacy and stigma reduction. The school counseling framework developed here therefore positions mental health literacy as a practical capability: students should be able to recognize concerns, reduce harmful interpretations, communicate distress, and identify appropriate support.

A second implication concerns the social ecology of help-seeking. Students rarely move directly from distress to professional help without social mediation. Friends, classmates, teachers, parents, and school culture influence whether students interpret support as acceptable. Cohen and Wills (1985) described social support as both a direct contributor to well-being and a buffer under stress. In schools, social support may also operate as a help-seeking facilitator. Supportive peers can encourage disclosure; teachers can notice changes and guide referral; families can reduce resistance to counseling; and administrators can create policies that protect privacy and normalize support.

A third implication is that the counseling relationship must be made understandable before students need it urgently. Radez et al. (2021) showed that young people's concerns about confidentiality and trust are central to professional help-seeking. Rickwood et al. (2005) also reported that students may avoid counseling when offices are publicly located or when confidentiality is uncertain. These findings suggest that schools should explain counseling procedures in ordinary times rather than waiting for crisis situations. Students may be more likely to seek help when they know who the counselor is, what happens in a first meeting, which information remains private, and what conditions require safety-related disclosure.

For practice, the framework suggests that schools should design explicit help-seeking pathways. A pathway should include multiple points of entry, such as self-referral, teacher referral, parent referral, peer encouragement, and counselor outreach. It should also include clear triage and follow-up procedures so that students who seek help do not encounter silence, delay, or confusion. UNESCO et al. (2023) emphasized that schools can support mental health through curricula, professional development, information systems, environments, and health services. The framework developed here applies that whole-school logic to the specific problem of help-seeking.

For teacher development, the framework recommends a boundary-sensitive approach. Teachers should not be expected to act as therapists, yet they are often the adults who observe students most consistently. Training should therefore focus on mental health literacy, warning signs, supportive

communication, stigma-free responses, and referral procedures. This is particularly relevant in contexts where school counselors or mental health educators have limited time or high caseloads. Caldarella et al. (2013) found that Chinese school mental health educators often carry multiple responsibilities and report a need for better training and supervision. A pathway model can help distribute responsibilities while maintaining professional boundaries.

For policy, the framework aligns with the Chinese 2023-2025 Special Action Plan because it emphasizes mental health literacy, school-family-society collaboration, and improved student support systems (Ministry of Education of China et al., 2023). However, policy commitments require school-level operationalization. The framework suggests that policy implementation should specify how students learn about counseling, how confidential access is protected, how teachers refer students, how families are engaged, how high-risk students are transferred to specialized services, and how schools evaluate whether access is equitable. Without such operational details, mental health education may remain disconnected from help-seeking behavior.

The framework also has implications for future research. Because the article is conceptual rather than empirical, its propositions should be tested in primary and secondary schools. Future studies could examine whether mental health literacy predicts problem recognition, stigma reduction, help-seeking intention, and actual counseling use. Mixed-methods studies could also explore how students describe barriers at different pathway stages. Longitudinal research would be useful because a one-time increase in knowledge may not translate into sustained help-seeking behavior. In addition, comparative studies across urban and rural schools could clarify whether pathway barriers differ by school resources and counselor availability, an issue suggested by studies of school counseling in China (Qu et al., 2024; Shi et al., 2014).

Several limitations should be acknowledged. First, the synthesis was not a systematic review with exhaustive searching and formal quality appraisal. Second, the framework combines evidence from international and Chinese sources, so local adaptation is necessary before implementation. Third, the framework proposes plausible mechanisms but does not establish causality. Fourth, mental health literacy and help-seeking are culturally shaped; therefore, concepts such as stigma, disclosure, privacy, and professional help may vary across regions, families, and school types. These limitations indicate the need for empirical validation rather than diminishing the value of the framework as a starting point for research and practice.

5. CONCLUSION

Primary and secondary students may experience psychological distress while lacking the literacy and supportive conditions needed to seek help. School counseling services can reduce the distance between need and support, but only when students understand mental health, trust available helpers, know how to access counseling, and experience school as a safe environment for disclosure. This article developed a conceptual framework in which mental health literacy supports problem recognition, stigma reduction, disclosure readiness, help-seeking intention, and school counseling access. Teacher support, peer norms, family engagement, confidentiality, visible referral pathways, and institutional readiness operate as enabling conditions across the pathway. For education systems, the central implication is that mental health education should not end with awareness. It should cultivate help-seeking literacy and connect students to practical, confidential, and developmentally appropriate counseling pathways. For researchers, the framework offers testable propositions for future empirical studies on how school mental health literacy influences help-seeking and student support outcomes.

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