RELATIONSHIP BETWEEN MENTAL HEALTH LITERACY, HELP SEEKING ATTITUDE AND SELF-EFFICACY AMONG UNIVERSITY STUDENTS

By,

Samra Nasir

BSP201021

Department Of Psychology

Faculty of Management and Social Sciences

Capital University of Science & Technology,

Islamabad

January, 2024

RELATIONSHIP BETWEEN MENTAL HEALTH LITERACY, HELP SEEKING ATTITUDE AND SELF-EFFICACY AMONG UNIVERSITY STUDENTS

By,

Samra Nasir

BSP201021

A Research Thesis submitted to the

DEPARTMENT OF PSYCHOLOGY

In partial fulfillment of the requirements for the degree of

BACHELOR OF SCIENCE IN PSYCHOLOGY

Faculty of Management and Social Sciences

Capital University of Science & Technology,

Islamabad

January, 2024

CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled "Relationship between Mental Health Literacy, Help Seeking Attitude and Self-Efficacy among university students" carried out by Samra Nasir, Reg. No. BSP201021, under the supervision of Ms. Sadaf Zeb, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

Supervisor: ---------------------------------

Ms. Sadaf Zeb

Senior Lecturer

Department of Psychology

Faculty of Management and Social Sciences

Capital University of Science & Technology, Islamabad

Relationship between Mental Health Literacy, Help Seeking Attitude and Self-Efficacy among University Students

By

Samra Nasir

Registration # BSP201021

Approved By

_____

Supervisor

Ms. Sadaf Zeb

_____

Internal Examiner-I

Ms. Sumia Kalsoom

_____

Internal Examiner-II

Ms. Tehmina Mazhar

_____

Thesis Coordinator

Ms. Irum Noureen

_____

Head of Department

Dr. Sabahat Haqqani

Declaration

I declared that this is an original piece of my own work except where otherwise acknowledged in text and references. I clarify that to the best of my knowledge the research work embodied in this thesis, titled "*Relationship between Mental Health Literacy, Help-Seeking Attitude and Self Efficacy among University Students*" was entirely carried out by me (Samra Nasir, BSP201021) under direct supervision and guidance. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.

Samra Nasir

BSP201021

January, 2024

ACKNOWLEDGEMENT

ABSTRACT

Mental health literacy has becoming a growing concern in recent years. Individuals make decisions about their mental health by evaluating only information available to them so understanding of mental health literacy is an important factor among university students for their mental health. Quantitative correlational study was used to examine the relationship between mental health literacy, help seeking and self efficacy among university students. In this study the data was collected by sample size of 310 participants included both males and females within the age range of 18-26 years by convenience sampling from universities of Islamabad and Rawalpindi and three scales were used i.e. Mental Health Literacy Scale, Mental Help Seeking Attitude Scale and Generalized Self efficacy scale. This study was helpful to identify the importance and provide theoretical understanding. Furthermore, statistical package for social sciences version-21 was used to analyze the spareman correlation hypothesis, t-test, and Mann-Whitney and Kolomogrov tests. The results of the study revealed that mental health literacy have significant negative correlation with mental help seeking attitude and quality of life whereas, the study indented the positive relationship between self-efficacy and mental health literacy. This study can be helpful for young population if they are well informed about the mental health and help seeking attitude, there can be greater demand for improved mental health services with increase attention in policymakers.

Keywords: mental health literacy, help-seeking attitude, self efficacy

Table of Contents

LIST OF FIGURES

LIST OF TABLES

Chapter 1

Introduction

Mental health literacy refers to individual understanding and knowledge about mental health conditions, causes, symptoms and treatment. It involves being capable to identify when someone may be experiencing mental health problems and know how to seek help in appropriate way at early stages of the problem (Hoffman et al., 2020). Mental health literacy, help seeking attitude and self efficacy are interlinked ideas with each other. Overall mental health literacy increases the help seeking attitude of individual and enhances self efficacy by equipping them with necessary understanding and concepts. It builds up their confidence to address mental health problems and by promoting mental health literacy, individuals can empower to make appropriate decisions about their mental well being and develop effective strategies (Kiser et al, 2020).

Mental health disorders affect people throughout the world regardless of culture, socio economic status. As per estimate of World Health Organization (WHO) the one in four people experiencing mental health issues in their lives (Furnham et al., 2018). Improving mental-health literacy and emphasizing the necessity of seeking help at an early stage are critical in reducing this global burden and ensuring that individuals receive timely support. Suicide rate in young adults is a major mental health concern around the world. Individuals with a higher level of mental health literacy are more equipped to deal with their discomfort and identify when they are at danger of suicide (Jacomb et al., 2004).

Pakistan has experienced significant burden of stress rates in young adults specially due to mental health literacy. According to current Pakistan Psychiatry Society around 34% of population is suffering from mental health problems (Rodgers et al., 2018. when more people are educated about mental health, they can offer more support. As well as stigmas and stereotypes associated with mental health is remain prevalent in Pakistan. Many individuals face depression, stress due to this discrimination. Identifying the significance of mental health literacy can help challenge this stigmatization and promote compassionate society (Nawaz et al., 2005).

There is no health without mental health. University students have shown great exposure towards experiencing mental health difficulties (Storrie et al., 2010) and knowledge of mental health literacy in university students is the initial step which leads to positive outcomes and improves their self efficacy among them (Kumar, 2010). Good mental health is directly associated with good academic performance and mental well-being. When students are well aware about mental health problems such as anxiety, depression they have better understanding of help seeking attitudes. Mental health contributes to emotional well being and overall satisfaction of life. Emotional well being improves resilience and helps the students to challenges the ups and down of their academic journey (Wei et al., 2015).

Mental health is as important as our physical health and taking care of mental well-being empowers overall quality of life and mental well being (Davies 2017). Awareness of mental health enables an individual to identify symptoms of distress in themselves and work on them by consulting with mental health care professionals. Understanding of mental health reduces different stigmas and stereotypes, these stigmas

often act as barrier towards help seeking attitude. When people are aware about mental health problems and understand they are treatable, make it easier for an individual to reach out without any fear. Increased understanding of mental health literacy can normalize help seeking attitude (Lubman et al., 2016).

Mental health literacy holds significant importance among university students due to awareness and understanding which allows students to identify signs of distress among them. It also reduces the misconceptions and promote empathetic environment (Jorm et al., 1997). When student's accurate knowledge enhances about mental health literacy, they can engage in meaningful conversations and vital peer group supports. As well as mental health literacy positively associated with developing effective coping strategies to manage mental health issues among students. This is in turn, enhances overall mental well-being of the students and empowers help seeking attitude (Christensen et al., 2003).

Mental Health Literacy

Mental health literacy is defined as understanding and knowledge of an individual about mental health issues and attitude towards intention to help seeking and poor mental health outcomes. It is the better awareness of how to seek treatment and lead towards help seeking behaviors (Wei et al., 2015). Mental health literacy is an important factor because it helps to reduce the stigmas of society associated with mental health issues. It enhances awareness and better understanding of mental health and promotes help-seeking behaviors. Individuals with better understanding of mental health, they are more positive towards help seeking attitude, seek help when they need it and also provide support to others those may be struggling with mental issues. It enhances an individual overall

mental well-being and reduces more severe impacts on mental health of individuals (Goodwin et al., 2016).

Mental disorders commonly affect youth generation but unusually go untreated due to un-awareness. Mental health literacy increased understanding and reduces different societal stigmas as well as enhance supportive environment of mental health promotions and prevent severe effects (Beasley et al., 2020). It not only involves individual understanding of mental health management but also actions towards reduction of mental health stigmas and enhances help seeking behaviors (Kutcher et al., 2016).

Mental health literacy empowers individuals to detect the signs of mental health issues and facilitate interventions; it leads to more positive decision taking and better self care. Mental health literate individual attributes accurate information about mental health which includes different mental illness (Jorm et al., 2012). Mental health literacy allow an individual to identify signs of mental health in themselves as well as in others, overall it encourages a mental healthy society. It provides accurate information of mental disorders which contributes towards positive help seeking attitude by encouraging individuals to recognize problems (Hayden et al., 2015).

Understanding of mental issues enables individuals to identify the signs of mental health issues in themselves. By knowing the signs, individuals can recognize when they know they may experiencing mental health challenges (Wei et al., 2015). It empowers individuals to take control on their mental health and become actively participate in their own mental well-being. It provides them confident attitude to move towards help seeking. It plays crucial role to shape up help seeking attitude by providing skills and reducing

stigmas. Therefore, mental health literacy promotes positive intentions towards help seeking for mental health concerns.

Help Seeking Attitude

Help seeking attitude is about seeking help from mental health concerns (Reavley et al., 2010). It is the coping strategy which includes seeking social or emotional support from others to reduce mental illness (Singletary et al. 2015). It refers to actions individual engage in when they identify support to address particular problems. It refers to ones willingness to seek help from mental health concerns as well as it affect their beliefs, perceptions and attitudes. Individuals with positive attitude towards help seeking recognize when they are experiencing mental health problems and understand that help seeking is a necessary step to improve it. They understand that mental health is also as important as physical health. Many individuals discourages from seeking help because of different stigmas but those with positive help seeking attitude actively overcome those stigmas related towards mental health problems (Reavley et al., 2016).

Individuals with positive attitude have confidence in themselves and in mental health professionals; they trust their professionals and take their mental health as serious concern. They have positive perceptions which lead to positive outcome and they prioritize the value of professionals and their treatments (Kitagawa et al., 2014). Encouraging a positive attitude is of greatest importance to address mental health challenges. It allows an individual to recognize problems and overcome the stigmas. Mental help seeking attitude can have different positive impacts on individual life i.e. it improves their mental well being and psychological functioning. Contributing in help

seeking attitude can help individual by therapies to refine their skills of problem solving (Ryan et al., 2015).

University life often comes with increased pressure and decision making conflicts. Students may face significant challenges such as stress, anxiety etc. Having positive intentions towards help seeking allows students to seek help on proper time which can contribute to their overall mental well-being. By seeking help on appropriate time students can receive timely interventions and promote well-being (Kiser et al, 2020).

Timely help seeking action can avert from severe psychological problems and reduce the risk of long-term issues. By seeking help on earlier stages, individual may get appropriate treatment and interventions which can also prevent from chronic problems and minimize the impact of psychological issues on their health. By addressing personal issues individual may develop healthier relationships and emotional regulation which leads towards satisfying quality of life (Smith & Sochet, 2011). The help seeking process model categorize the following help-seeking process at distinct eight steps introduced by (Arbreton et al., 1993).

Identify there is any problem	Determine that help is needed	Decide to seek help from professional
Select the goal to move towards help-seeking		Select the sources from where help will seek
Make solicitation for help-seeking	Receive the requested help	Process the help received
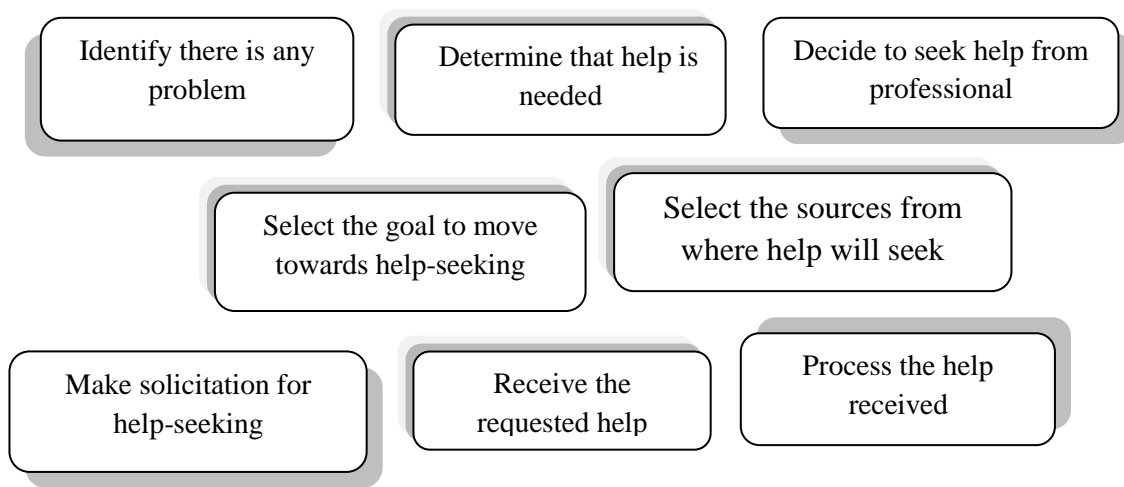
1. *Identify there is a problem*

The very initial step is recognizing that there is a problem which is disturbing an individual. The more recognition of the problem is often insufficient to lead towards an action and individual must furthermore recognize the difficulty before seeking help.

2. *Determine help is needed*

Once the problem is identified, it must further perceive as amenable to improve. The second stage of help seeking model is determining that help is needed to improve the mental condition. This step involves that help seeking is appropriate way to deal with problem at this stage.

3. *Decide whether to move towards help seeking or not*

The decision to seek help from any professional is very important to improve mental health conditions. This stage involves to seek help by weighing self motivation beliefs involves self-efficacy and belief that by seeking help the results will be positive desired outcomes.

4. *Select the goal/ aim for help seeking*

Once it has been decide to seek help from any mental health care professional, the individual need to select the goal to assist help seeking. It can take many form i.e. online help seeking from professional, adaptive help seeking etc which includes an individual's capabilities or understanding for help seeking behavior. Emotional help seeking where the aim is to manage emotional instability. Maladaptive help-seeking is kind of avoidance

in which requesting someone else to attain goal on behalf of individual and avoidance of help-seeking refers when students need help but they don't seek (Arbreton et al., 1993).

5. *Select the source of help*

There are multiple ways to seek help from any source. Many factors can determine the perceptions help seekers have for helping source and influence them which source they will opt for them.

6. *Solicit Help*

Once the source has been identified, the seeker must enlist help seeking. This step concerns the content of the request for the help. This help acquired the knowledge and skills to approach helping source for desired help.

7. *Obtained the requested Help*

If seeker has been successful in help seeking from decided source the next involves gaining the help that has requested. After seeking/ receiving the help individual must decide to what extent help was useful and experienced problems.

8. *Process the help received*

An important factor of help seeking is utilizing the strategies involved in perceiving help. This identified self-efficacy and self esteem phase which is manifested by self-regulation and self-reactions.

Self Efficacy

Self efficacy highlights to an individual capacity to gain knowledge or skills through observation by which an individual decide which behaviors are good and which are not for their mental well being (Bandura, 1997). It is the perception of own competence in particular behaviors to achieve outcomes. People may become more confident in their capacity to successfully manage their mental health as their mental health literacy grows, which in turn increases self-efficacy. Mental health literacy and self efficacy are interconnected with each other in which literate individual with awareness and understanding increase their confidence and self-efficacy. Self efficacy influences an individual motivation towards help seeking attitude and actively concern with mental health care professionals (Wei et al., 2015).

Individuals with high self efficacy are less likely are more likely to avoid challenges and experiences negative psychological problems such as anxiety, depression etc. Mental health literacy can have positive effects on self-efficacy, by improving understanding of mental health individuals feel more competent in their ability to manage health issues. This increased self efficacy and satisfied well being. When individuals are well aware of mental health issues, they can develop clear understanding of their own mental health and face the challenges more clearly. This understanding empowers an individual to identify their strengths and weakness, which positively effects their self efficacy perception (Jorm et al., 2010).

Awareness of mental health literacy empowers an individual to have ability to take control on their mental well being. It brings them with knowledge and understanding

to identify their needs. This empowerment provides sense of self efficacy and encourages individuals towards help seeking attitude and taking good care of their mental health (Davies et at., 2017). The combination of mental health literacy and self efficacy contribute to resilience and more positive mental health outcomes. Individuals with great understanding of mental health literacy and higher self efficacy are more often to have skills in themselves in their own capability to manage with mental health challenges effectively (Sheu et al., 2004).

Self efficacy serves as motivational attribute in developing mental health literacy. Individuals with high self-efficacy are more likely to engage in help seeking and take steps at initial levels to enhance their understanding. Individuals with positive self efficacy believe that they have tendency to understand mental health knowledge which contributes with greater investment of mental health (Leduc et al., 2018).

Self efficacy is associated with positive psychological well being in university students. Students with high level of self efficacy tend to experience low psychological problems and have greater sense of control on their emotions and psychological resilience (Melki et al., 2018). High self efficacy refers to more inclined to view help seeking as an adaptive coping technique. Help seeking attitude can reinforce self efficacy beliefs. When individuals move towards help seeking and experience positive outcomes, it increases their belief in tendency to benefit from help and they believe that they have ability necessary to seek help when needed and when individuals doubt their capabilities, they may become de-motivated and less likely to pursue goals or tasks. (Rivard et al., 2018).

Literature Review

Study shows due to lack of understanding of mental health literacy only 8% individuals considered mental health to be part of mental well being and engage in help seeking behavior otherwise remaining perceived healthy by mean of only physical health (Singletary et al., 2015) Individuals who have higher level of mental health literacy are more likely to engage in help-seeking behaviors than those who have low level of mental health literacy (Ratnayake & Hyde, 2019). University students having more psychological symptoms are more unaware of mental health literacy and don't seek for health care professionals (Kitagawa et al., 2014). They make decisions to engage in behaviors by estimating the only information available to them.

Research shows that identifying mental health problems is the initial step to seeking help from professionals. Failure to identify the symptoms of mental health problems is likely towards negative outcomes. Decreased understanding of mental literacy is associated with higher rate of suicidal ideations and poor health outcomes in both genders (McNamara, 2013). Mental health literacy has shown to reduce societal stigmas associated with mental health problems. The more knowledge individuals have about mental health they are more likely to challenge stereotypes and particular beliefs which leads to decrease stigmas. By overcoming these stigmas, empowers help seeking attitude by creating more supportive environment (Kelly & Wright, 2007). Mental disorders involve depression, stress and suicidal ideations are reported more in women population than men (Krantz et al., 2016). University students experiences high level of stress and are less likely to seek help from mental health concerns. Young people have more negative opinions about mental health concerns which are conducive to poor help

seeking attitude. Young adults who need more mental health care professionals demonstrate the poorest help-seeking attitudes (Jagdeo et al., 2009).

Mental health problems are often stigmatized with shame and guilt in many cultures which can discourage individuals to step towards help seeking attitude or openly discussion of what they are challenging (Yost et al., 2013). Several studies have indicated, help seeking attitude rate generally low in Pakistan especially in relation to mental health problems. This can lead to the factors such as unawareness about mental health, lack of understanding, typical stigmas of society, fear of social judgment and inappropriate family support. Promptly attitude of seeking help allows individuals for early recognition of mental problems as like, the detection of physical injuries at early stages can prevent from worsening. Timely treatment can lead towards positive outcomes and improves individual overall well-being (Ting et al., 2009).

High level of understanding of mental health literacy is directly associated with strong self efficacy (Beasley et al., 2020). Higher level of self efficacy enhances positive thoughts which concerns with tasking difficulties. This quality of think positively is associated with decrease feelings of mental illness (Bandura, 1997). Mental health literacy increases self efficacy and confidence towards help seeking attitude. When individual have more understanding about mental health, they feel more confident in ability to move towards help seeking and this increased self efficacy enhance a positive attitude towards seeking assistance (Ciarrochi, 2005).

Another study suggested that increasing the awareness of mental health literacy facilitates the early detection of the mental disorders and ability to intervene them (Kelly,

2017). Understanding of mental health literacy enables students to recognize symptoms of mental health issues in themselves as well as in their family and peers. Students who have more understanding of mental health, they are less likely to be affected with stigmas and experience mental health challenges. Students with higher understanding of mental health literacy are more likely to seek help at appropriate time from mental health care professionals when they are experiencing through mental problems or difficulties (Mogren et al., 2016).

Mental health literacy provides efficient knowledge about self-care techniques to students to maintain their mental health at good level. They can adopt healthy life style, positive habits and different coping mechanisms which contribute to their overall mental well-being. They have more positive intentions towards help seeking attitude and prioritize their mental health first along with academic burdens (Karema et al., 2014). Pakistan has rich culture context with significant norms and beliefs. These cultural factors act as barrier towards help seeking. Pakistan faces challenges in terms of accessibility of mental health services especially in rural areas. Encouraging help seeking attitude among individuals lead towards increased mental health services demands and put efforts to improve the availability (Takaku et al., 2017).

Literature suggested that mental health literacy contributes to prevention of mental health issues. By promoting awareness and healthy life decisions young individuals can develop positive approach to maintain their well being. They can adapt different strategies for stress management and healthy decisions later in life (Charfi et al., 2018). Students with positive mental health literacy rate manage their stressors and other challenges very well. They are more likely to move towards help seeking attitude to seek

support when they needed the most and maintain their effective health routines. They can identify the risk factors and take steps at initial level. Similarly another study suggests by understanding the importance of mental health students adapt new challenges and develop emotional resilience (Haung et al., 2012). Individuals who most needed the mental health care are more likely to demonstrate the poor help seeking attitude. Individuals with more psychological problems are less likely to seek help from mental health care professionals (Wilson et al., 2014).

On the other hand, some literature suggests that by increasing mental health literacy, help seeking behavior of an individual decreases due to several reasons, if students gain superficial understanding of mental health without knowing in-depth reasons of struggles, they might believe that they can handle issues by themselves and independently, leading towards decrease in mental help seeking behavior of individuals (Andrew et al., 2018). Despite having improved mental health literacy, students may feel fear of being judged, labeling or stigmatization if they will seek help from any professional. This fear of judgment can overcome their knowledge about the available resources (Eden et al., 2017). Another study explored, even with increased mental health literacy among students, if they perceive limited accessibility to mental health resources of face challenging barriers in accessing them, could also hinder their help seeking behaviors from any professional source (Zack et al., 2016).

Seeking help allows individuals to acquire coping strategies to manage mental health challenges. Mental health professionals provide different tools for decision making, problem solving, and stress management which empowers individual to take part in role of their own mental health and increases resilience. By seeking help openly,

reduces stigmas and break down the barriers associated with mental health. This will help to encourage individuals to seek help from professionals without feeling any shame or guilt (Hawang et al., 2019).

Mental health literacy is highly associated with self-efficacy, it contribute towards high level of self-efficacy in which individuals have belief in themselves to identify their abilities to manage with challenges. This can develop problem solving skills and critical thinking in students to navigate mental health situations effectively. When students are aware of help seeking attitude and services available to them, they feel more confident to move forward towards help seeking, this behavior contributes towards sense of self-efficacy by which they have strong believe that they have ability to access support and take initial positive steps towards their mental health (Eisenberg at al., 2013).

According to Kelly (2007), taking actions against stigmas and stereotypes made by society can enhances individual self efficacy rate, as they feel empowered to push for themselves and others. Individuals with high self efficacy shown to be more proactive towards help seeking when faced challenges in life. They believe their own abilities to overcome obstacles and are more likely to take actions to identify their needs (Morgan et al., 2016). Moreover studies emphasizes that high self efficacy influences individuals belief in themselves, they believe they have abilities and have control on their lives and this perception more facilitates the help seeking attitudes (Krantz et al., 2016). Overall self efficacy and mental health literacy are mutual reinforcing concepts which suggest that higher level of self efficacy motivates and individual to acquire understanding, knowledge of mental health while on the other, hand mental health literacy enhances self efficacy of individual with skills to manage mental health effectively. Mutually mental

health literacy and self efficacy associated with empowered approach towards positive mental well-being (Sedlacek et al., 2004).

However some studies emphasized the negative relationship between mental help seeking behavior and self efficacy, if students perceive that seeking help for mental health leads to dependency on external support, they might fear loss of self-efficacy. They might feel that they cannot manage their well-being independently (Clarie et al., 2014). Lack of environment is also one of the major reason, if the mental health support system is not designed to empower students and instead foster sense of dependency it may decreases the self- efficacy by not encouraging students to actively participate in their own well-being (Parke et al., 2014).

Theoretical Framework

The theoretical study of this literature lies under the *Mental Illness and Labeling Theory* (Scheff, 1966). The concepts of three variables are the foundation of these two theories. According to labeling theory, the stigma of being labeled towards any mental illness is actually the reason on being mentally ill. Due to mental health literacy these stigmas lead towards negative consequences for mental well being. Due to which people don't seek help towards mental health professionals which reduces their self-efficacy in different ways (Ruscio et al., 2004). Labeling theory is also known as social reaction theory which concentrates on the effects of societal stereotypes on individual. It suggests that labeling someone as mentally ill can have thoroughgoing consequences on their self self-efficacy and life opportunities. They may in- cooperate the label and start to define

themselves through the sight of their mental illness leading towards restricted self-identity (Ward et al., 2015).

According to this theory, when an individual is labeled as mentally ill, society tends to attach different stereotypes to that label. These negative stigmas can lead towards negative discrimination of individual with mental illness (Andrews et al., 2004). Labeling cause negative outcomes i.e. limited access to employment, health care services etc. These can create barriers to golden opportunities of life and lead to social disadvantages. When individuals are continuously treated as mentally ill, they internalize these expectations and behaviors continuously with perceived label, reinforcing the stigmas. Labeling theory suggests that attaching label of mental illness can lead to stigmatization. In context of university students the fear of being labeled may discourage help seeking behaviors of students due to concern about societal judgments and perceptions. Mental health literacy provides students with understanding about available resources of seeking help. When students are aware of these resources they may more likely to seek support when facing mental health challenges.

Scheff argued that mental illness is not an objective measureable phenomenon but it is socially constructed concept. He nominate that mental illness is a label attached to different behaviors that marked differently from an accepted norm. The label of mental illness, triggers set of societal interactions that shape up individuals self efficacy.

Key aspects of labeling theory as applied to mental illness involve (Scheff, 1966),

- *Primary Deviance*

Individuals engage in various forms of behaviors that marked differently from an accepted societal norm, but not all deviant behaviors are immediately labeled and treated as mentally ill. Primary deviance refers to these initiative deviant behaviors that may not be labeled yet. It is the reaction of subsequent labeling phenomenon that transforms this primary deviance into the secondary deviance (Scheff, 1996).

- *Secondary Deviance*

It occurs when primary deviant behavior marked labeled as indicators of mental illness. Once person is being labeled, he adopts the role of mentally ill. This complete process can have different consequences for their self-efficacy and social interactions etc. this labeling leads towards negative outcomes such as avoidance and exclusion. Individuals labeled with mental illness may experience towards self-stigma which includes negative societal beliefs and stigmas. It can also cause social isolation, social withdrawal and avoidance behaviors.

Integrating mental labeling theory into a broader conceptual framework sheds light on the complex dynamics of human cognition, emotion, behavior, and social interaction. At its foundation, the theory holds that people assign meanings or labels to their experiences, which shapes their perceptions and subsequent responses. These labeled perceptions influence cognitive processing, shaping how people believe about themselves, others, and their surroundings. Emotionally, the ascribed labels elicit corresponding emotions, which influence mood and motivation. Importantly, these perceptions and emotional reactions shape behavior as people navigate events in accordance with their internalized meanings

(Kessler et al., 2003). Similarly, social engagement is critical for validating, reinforcing, or questioning these labels through interpersonal exchanges. Over time, this iterative process helps to shape self-concept and identity, influencing self-esteem and interpersonal interactions. The framework works as a feedback loop, emphasizing the reciprocal interaction between internal cognitive processes and exterior social factors. Understanding these processes informs interventions that promote adaptive cognitive restructuring, emotion regulation, and social support, so improving overall well-being. Through this lens, the conceptual framework provides vital insights into the intricacies of human experience and behavior, allowing for more nuanced approaches to research and practice in psychology and other domains. Moreover, by recognizing the role of mental labeling in shaping perceptions and behaviors, interventions can target maladaptive labels, foster self-awareness, and facilitate the adoption of adaptive coping strategies. (Lobban et al., 2003).

Rationale of Study

It is not much easy to give the exact numbers of young adults in Pakistan, as its ratio varies from country to country but according to World Bank population of Pakistan estimated in 2020 was 220.89 million with approximately 64.3% of the population aged 15-64. This would mean that there are approximately 141.9 million young adults in Pakistan (World Bank, 2020). With such a high number of young adults, it is important to explore different aspects and variables that can have an influence on young adults specially university students. Mental health literacy is very important for university students because this is the significant time period of transition and change. Students may experience stress, anxiety as they navigate towards social challenges. Additionally, there

is risk of developing mental health problems during this period of life (Wei et al., 2015). By promoting mental health literacy among university students, this study will help them to develop new understanding and knowledge needed to maintain good mental well-being. This was the reason why this study was been conducted on this population.

Individuals engage in such unhealthy decisions due to lack of understanding which affect their daily life functioning of mental well being (Reavley, 2010). Many individuals are unaware of mental health literacy and importance of help seeking attitude at appropriate time, lower level of mental health literacy has been linked directly towards high rates of depression, suicide and poor outcomes (McNamara, 2013). Understanding of mental health understanding and awareness leads towards positive help seeking behaviors and enhances individual self-efficacy. Mental health literacy brings students with skills to identify their signs of mental health issues in themselves and others. By promoting the awareness of mental health literacy students can recognize challenges or initial basis and seek support whenever they needed. It will also help to reduce stigmas associated with mental health conditions. By awareness of understanding of mental health literacy and importance of help seeking attitude which links with students self efficacy, we can foster a more supportive environment which can lead towards acceptance, understanding and life challenges.

In the past, previous researchers examined when students have an attribute of available resources, they feel authority to address their own mental health problems (Wright et al., 2007). Enhancing self efficacy promote sense of control which positively impacts on mental health. This literature suggests to identifying the relationship between mental health literacy to attitude to help-seeking attitude and self efficacy among

university students. Similarly another research consistently shows that university students are particularly vulnerable to mental health challenges such as depression, anxiety, and stress due to academic pressures, social transitions, and lifestyle changes. Understanding mental health literacy and help-seeking attitudes can shed light on the prevalence and severity of these issues (Barrowclough et al., 2015).

Moreover, mental health concerns can significantly impact academic performance, retention rates, and overall well-being among university students. Investigating mental health literacy and help-seeking attitudes helps identify barriers to seeking support and informs strategies for early intervention and prevention. Stigma surrounding mental illness remains a pervasive barrier to seeking help among university students. Research on mental health literacy and help-seeking attitudes explores how stigma influences individuals' willingness to acknowledge and address mental health concerns, both personally and within their social circles. Learning about the prevalence of mental health challenges can normalize the experience for individuals who may be struggling. Knowing that others face similar issues can encourage people to seek support, recognizing that they are not alone in their struggles (Jones et al., 2013).

This study is important as in general it will be helpful for understanding to mental health and take positive decisions regarding their mental health. It will also bring coping strategies will self-care techniques. Research in this collectivistic culture helps to evaluate the effectiveness of campus-based mental health programs and initiatives at promoting help-seeking behaviors.

Objectives

This study was conducted to achieve following objectives,

1. To find the relationship between mental health literacy, help-seeking attitude and self efficacy among university students.

2. To investigate the demographic variables (gender, departments and family system) with study variables between mental health literacy, help-seeking attitude and self efficacy among university students.

Hypotheses

Hypotheses of this study were,

1. There would be a significant positive relationship between mental health literacy and help-seeking attitude among university students.

2. There would be a significant positive relationship between help-seeking attitude and self efficacy among university students.

3. There would be a significant positive relationship between self efficacy and mental health literacy among university students.

4. There would be a significant difference between mental health literacy, help-seeking and self efficacy between genders among university students.

Methodology

Research Design

A quantitative, correlational research design was used in this study.

Population and Sample Size

. G-power was used to generate the sample. Sample size was of 310 university students. Both male and female of age 18-26 years from private, semi-government and government universities of Rawalpindi and Islamabad were selected.

Sampling Technique

For this study, convenience sampling technique was used.

Inclusion Criteria

- Both male and females were selected age range (18-26 years)

- Currently enrolled students of Bachelor and Master's degree were selected

- Participants from different ethnic or cultural Pakistani backgrounds

- Students attending both public and private universities in the region

Exclusion Criteria

- Participants with cognitive impairments affecting their ability to perform well

- Participants with physical disability condition that may impact mental health

- Students who are on academic probation or suspension will be excluded

Instruments

Demographic variables

Age, gender, university, department, relationship status and family system was used in this study to understand how different factors may interact with mental health literacy, help seeking attitude and self efficacy among university students. By examining these variables, this study gained comprehensive understanding of the relationship of these variables in specific population of university students.

Mental Health Literacy Scale (MHLS) (O'Connor, & Casey, 2015)

It was developed by O'Connor and Casey (2015) and has 35 items. Its purpose was to gain an understanding of knowledge of different aspects to do with mental health. It is 5 point Likert scale from ranging from 1 (strongly disagree) to 5 (strongly agree). Its maximum scores are 160 and minimum is 5. Total scores will produce by summing-up all the items. High scores will indicate the high level of mental health literacy rate in individual. The consistency of questionnaire is (α=0.86). Each item mention on the scale typically assigned numerical value which corresponds to response option marked by the participant. The scoring of the scale is obtained by adding up all the scores of items which represents overall measures of mental health literacy. In general, the higher scores on items suggests greater understanding of mental health literacy whereas, lower scores indicates lower levels of knowledge about mental health literacy.

Mental Help Seeking Attitude Scale (MHSAS) (Dr. Joseph, & Hammer, 2018)

It was developed by Dr. Joseph and hammer (2018) which evaluates help-seeking behavior and has 9-items and high score indicates more positive attitude towards help-seeking. Mental health concerns include issues ranging from personal difficulties (e.g. Loss of loved one) to mental illness (e.g. anxiety, depression etc). It is seven point semantic differential scale and all scores produce single mean score and higher the mean score indicates higher rates of help seeking attitude of individuals towards mental health. The resulting mean score should range from a low of 1 to a high of 7. For example, if someone answers 9 of the 9 items, the mean score is produced by adding together the 9 answered items and dividing by 9. Likewise, if someone answers 8 of the 9 items, the total score is produced by adding together the 8 answered items and dividing by 8. Measuring mental help seeking attitude accurately is important because the attitudes of individuals have been shown to important factor that either person will seek mental health services when they are having psychological problems or not. The consistency value is very high for this questionnaire (α=0.92). It's scores are numerical qualification of the degree to which participant reports having negative/ positive attitude towards help seeking. In general, more higher scores on the scale suggests more positive intentions towards mental help seeking attitude while, lower scores indicates less favorable attitudes towards mental help seeking.

General Self Efficacy Scale (GSES) (Ralf Schwarzer 2001)

It was developed by Ralf Schwarzer (2001) designed to assess individual positive self-beliefs to cope up with difficult demands. It assesses the strength of an individual

belief in his/her own ability to respond to difficult situations and to deal with any associated obstacle. It is self- administered scale which normally takes two to three minutes to complete. It has 10 items and each item is four choice response from (not true at all) which scores 1 to (exactly true) which scores 4 (e.g. I can manage to solve difficult problems if I try hard enough). The scores for each item are summed to give total score. Its consistency value (α=0.85) and positively correlated with outcomes of positive well being, healthy behaviors etc. It's scoring can be done by considering total scores of all items and higher scores indicates high level of self efficacy means have stronger beliefs of individual's ability to manage with different challenges and lower scores indicates low self-efficacy of individual.

Procedure

For this study, institutional approval was taken from the university department for data collection. The objectives of the study were explained to the participants. Both male and female population was selected within the age range of (18-26 years) who were willing to participate. The reason behind selecting this specific age is the late adolescent years and early adulthood are key transition years, marked by major changes in responsibilities, social roles, and independence. Understanding mental health literacy and help-seeking attitudes during this stage can provide light on how young adults deal with mental health issues throughout this critical period of their life as well as, university students within the 18-26 age range often experience unique stressors related to academic pressures, social relationships, financial concerns, and career aspirations. The objectives of the study were explained to participants. The participants were provided with a demographic sheet, consent form and three questionnaires i.e., 35-items Mental Health

Literacy Scale (MHLS), 9-items Mental Help Seeking Attitude Scale (MHSAS) and 10-items Generalized Self-Efficacy Scale (GSES). The participants were requested to share their actual information. Convenience sampling was approached by choosing few universities in Islamabad and Rawalpindi based on proximity, ease of access, available resources and willingness of university authorities. Within these areas participants were approached in high traffic areas such as libraries, common areas and cafeterias during breaks between classes. Students were verbally communicated about the purpose and importance of the study. Those who expresses interest in participating were provided with inform consent and given opportunity to ask any query about study before agreeing to take initiate. The confidentiality and anonymity of the participants was maintained. Safety of the participants was ensured and they had the right to withdraw at anytime whenever they were willing to.

Ethical Considerations

For this study, Ethical considerations were carefully addressed throughout the course of this study. Prior to commencing the research, ethical approval was obtained from the research department of Capital University of Science and Technology, ensuring that the study adhered to established ethical standards. Additionally, permission was sought from the relevant authorities at the participating universities in Islamabad and Rawalpindi to conduct the study on their premises. Furthermore, ethical principles were upheld in the acquisition of scales used in the study, with permission sought from the original authors to utilize their instruments.

Participants were recruited on a voluntary basis, with clear and transparent communication regarding the purpose and nature of the study. They were provided with detailed information about the research objectives, procedures, and potential risks and benefits before consenting to participate. Confidentiality was strictly maintained throughout the study, and participants were assured that their responses would remain anonymous and used solely for research purposes. In alignment with ethical guidelines, participants were given the autonomy to withdraw from the study at any point if they felt uncomfortable or no longer wished to participate, without facing any repercussions. Prior to their involvement, participants were required to sign a consent form, indicating their understanding of the study's objectives and their voluntary participation.

Finally, the study adhered to the guidelines outlined by the American Psychological Association (APA), ensuring that ethical standards related to research design; data collection, analysis, and reporting were rigorously followed to uphold the validity of the study findings.

Data Analysis Procedure

For data analysis, the latest 26 version of Statistical Package for the Social Sciences (SPSS), spearman correlation analysis to check the hypothesis relationship among variables, and t-test, Kolomogrov test and Mann-Whitney tests were used. Correlational analysis was used to investigate relationship between variables.

Chapter 3

Results

This study aimed to find out the relationship between mental health literacy, help seeking attitude and self-efficacy among the university students. The data of the participants has been collected from private, government and semi-government universities of Rawalpindi and Islamabad (N=310) and was analyzed through descriptive statistics included i.e. mean, mode, median, frequencies as well as reliability and spearman correlation to check the significant correlation among the study variables. Descriptive were also analyzed to check the normal distribution of data with significant p value (P < .05) and further Man-Whitney test to analyze on nominal demographic characteristics. Moreover, histograms curves also provided a visual representation of data points across different ranges and continuity of the distribution among population. These analyses revealed the overall results for this study.

Table 1

Demographic Characteristics of Participants (N=310)

Characteristics	N	%
Gender		
Male	156	50.3
Female	154	49.7
Age Range		
18-23	206	66.6
23-25	101	32.6
26 above	3	1.0
Relationship Status		
Single	257	82.9
Married	15	4.8
Engaged	38	12.3
Semester		
1-4	151	48.7
5-8	159	51.3
University		
Private	291	93.9
Government	17	5.5
Semi-Government	2	6
Department		
Psychology	121	39.0
Others	189	61.0
Family		
Nuclear	242	78.1
Joint	68	21.9

Note: (n= frequency), (%= percentage)

Table 1 intends that greater number of male students are (n= 156, 50.3%) participated in the study compared to female students (n= 154, 49.7%). Majority of the students were from age 18-23 (n=206, 66.6%) and age group 23-25 (n=101, 32.6) while few students were 26 above (n=3, 1%). Data was collected from private (n=291, 93.9), government (n=17, 5.5) and semi-government universities (n=2, 6%).Students were from different departments i.e., psychology (n= 121, 39.0%) and others (n=189, 61.0%). Minority students were obtained from different semesters 1-4 (n=151, 48.7%) and maximum students from 4-8 semester (n= 159, 51.3). As for family system majority students belonged from nuclear family (n=242, 78.1%) as compare to joint family.

Table 2

Psychometric Properties for Scales (N=310)

					Range	
Scale	N	*α*	*M*	*SD*	*Actual*	*Potential*
MHL	35	.90	105.12	18.94	69-147	35-175
MHSA	9	.72	34.95	2.95	27-43	7-63
SE	10	.83	26.64	6.28	13-38	10-40

Note: M= mean, SD= standard deviations, MHL= mental health literacy, MHSA= mental help seeking attitude scale, SE= self efficacy

Table 2 intended that psychometric properties for the scales used in present study. The Cronbach's alpha value for Mental Health Literacy Scale is (α>.90) which shows high internal consistency, reinforcing the reliability of scale in measuring attitude towards help-seeking. Cronbach's alpha value for Help Seeking Attitude analyzed (α>.72) which

also shows in range of high internal consistency. The Cronbach's α value for Self Efficacy Scale is (α>.83) which also shows high internal consistency.

Table 3

Mode, Median, Skewness, Kurtosis and P-value for Mental Health Literacy Scale, Mental Help Seeking Attitude Scale and Self-Efficacy scale among university students (N=310)

Scale	*Items*	*Mode*	*Median*	*Skewness*	*Kurtosis*	*K-S*	*p*
MHLS	35	107	107.00	0.25	-1.07	.07	.00
MHSAS	9	35.00	35.00	-0.89	-.299	.07	.00
SES	10	23.00	26.00	0.67	-1.05	.08	.00

Note- p= significant value (p>.05)

Table 3 intends that number of participants in study are (N=310) and the middle value is 107. The skewness value (Skewness= 0.25) indicates slightly right skewed distribution in the data. (Kurtosis= -1.07) suggesting relatively flat distribution and its negative value indicates left-tailed distribution for mental health literacy. According to Mental Help Seeking Attitude, the left skewed distribution (Skewness= 0.89) suggests concentration of lower scores. Whereas, p value (*p=.00*) raises possibility of statistical significance indicates potential deviations from normal distribution. Lastly, self efficacy scale skewness value (Skewness= 0.67) hints at tendency for higher scores and negative kurtosis (-1.05) suggests distribution less peaked than normal.

Table 4

Descriptive Analysis and Correlation for Mental Health Literacy, Mental Help Seeking Attitude and Self-Efficacy Scale (N=140)

Variables	*No of Items*	*1*	*2*	*3*
1. Mental Health Literacy	35	-	-.31**	.69**
2. Mental Help Seeking	9		-	-.28**
3. Self Efficacy	10			-

Note- (p < .05), 2-tailed, r**= significant relationship

Table 4 indicates the correlation analysis between variables, which suggests that there is significantly negative relationship between mental health literacy and mental help seeking attitude (r=-.31**) which suggests that high level of mental health literacy leads towards low mental help seeking attitude among university students. On the other hand, individuals having high mental health literacy also have significant higher self efficacy rate (r=.69**). Secondly, there is significant negative relationship between mental help seeking attitude and self efficacy which indicates they are inversely proportional to each other (r=-.28*).
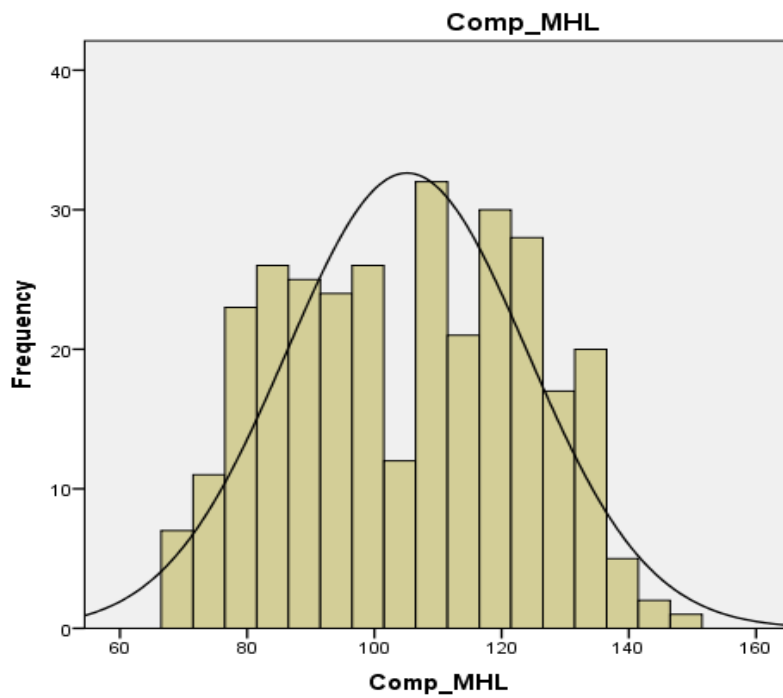
Figures 1- *Distribution of scores for Mental Health Literacy Scale (MHL)*
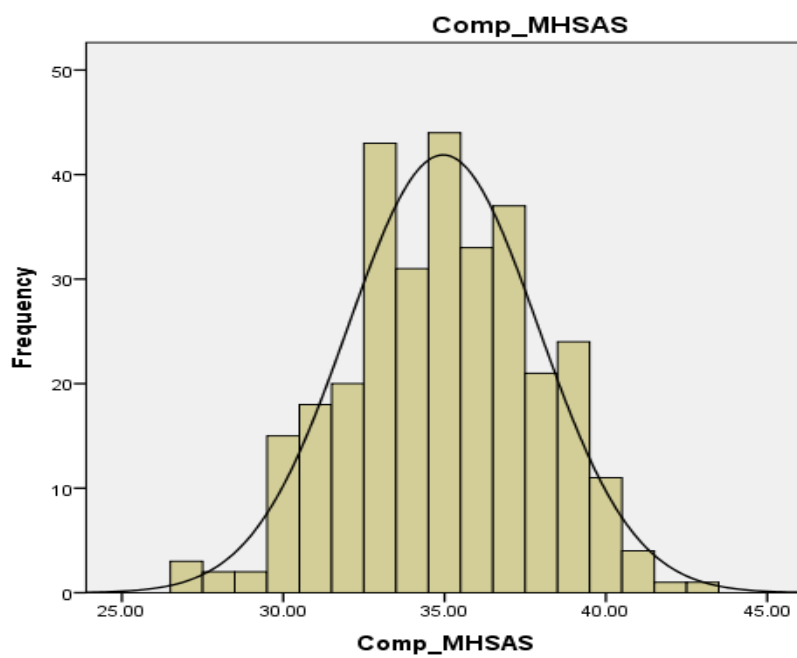
Figure 2- *Distribution of Scores for Mental Help Seeking Attitude Scale (MSAS)*
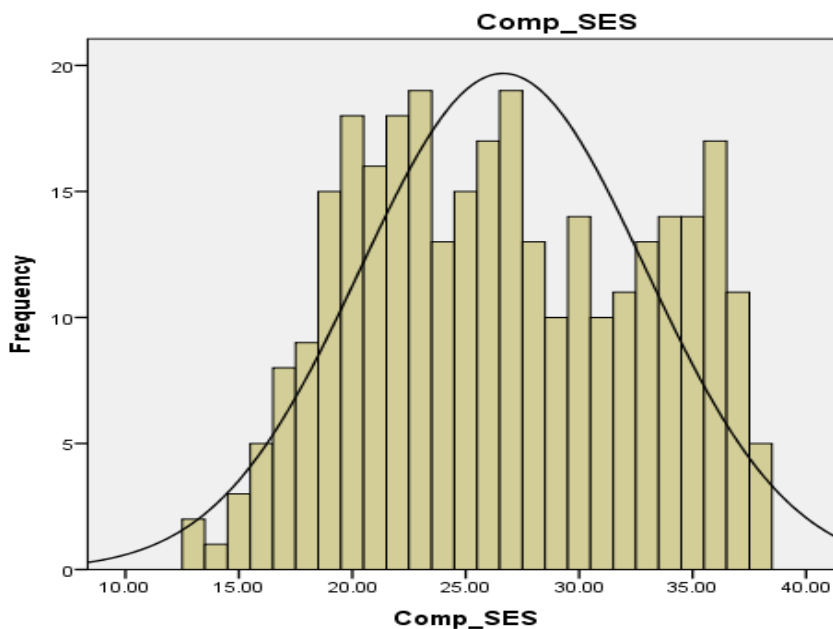
Figure 3- *Distribution of Scores for Self Efficacy Scale (SES)*

Table 5

Mean Comparison of Gender on Mental Health Literacy, Help Seeking Attitude and Generalized Self Efficacy

	Males (156)		*Females* (154)			
Variables	*M*	*SD*	*M*	*SD*	*U*	*P*
MHLS	133.2	18.88	178.0	17.79	8542.0	.00
MHSAS	172.2	2.29	138.5	2.90	9394.5	.00
SES	142.7	6.23	168.4	6.23	10025.0	.01

Note: M= mode, SD= standard deviation, (P<.05) significant value, U= Mann Whitney

Table 5 shows significant mean differences of different gender, suggesting observed difference in mental health literacy scores is not statistically significant. Mental

help seeking attitude indicates statistically significant relationship and for third variables SES, value is not significant at .00 ranges. Females scores higher in MHL (M=178.0) (SD= 17.9) as compare to males, for MHSAS males exhibits higher scores (M= 133.32) than females and for Self efficacy, practical significance is modest.

Table 6

Mean Comparison of academic departments on Mental Health Literacy, Help Seeking Attitude and Self Efficacy

	Psychology (121)		Others (189)			
Variables	*M*	*SD*	*M*	*SD*	*U*	*P*
MHLS	221.9	56.5	112.9	48.5	3393.5	.00
MHSAS	129.6	91.0	172.0	14.0	8310.0	.00
SES	224.0	13.5	111.6	91.5	3136.5	.00

Note: M= mode, SD= standard deviation, (P<.05) significant value, U= Mann Whitney

Interpreting (Table 6) shows MHSAS mean for other departments is higher rather than psychology students, implying potentially higher self assessment scores. This shows students from psychology department is less in rate in this study as compare to other departments indicating non-significant (p>.05) values.

Table 7

Mean Comparison of family on Mental Health Literacy, Help Seeking Attitude and Self Efficacy

	Nuclear (242)		Joint (68)			
Variables	*M*	*SD*	*M*	*SD*	*U*	*P*
MHLS	157.9	226.5	146.7	978.5	7632.5	.36
MHSAS	155.0	520.5	157.1	684.5	8117.5	.86
SES	157.8	203.0	147.0	002.0	7656.0	.38

Note: M= mode, SD= standard deviation, (P<.05) significant value, U= Mann Whitney

Interpreting (Table 7) shows students are more populated in nuclear family as compare to joint families among Islamabad and Rawalpindi among university with suggesting significant p values and Mann-Whitney value.

Chapter 4

Discussion

This study was intended to examine the relationship between mental health literacy, mental help seeking attitude and self efficacy among university students. The total sample was (N=310) participants who were university students belonging to government, semi-government and private universities of Rawalpindi and Islamabad. The significance of this study was to understand how mental health literacy or awareness leads to help seeking attitude of university students and how their self-efficacy is interconnected with mental help seeking attitude. Previous researches revealed that a variety of factors lead to people having mental health literacy but not seeking treatment (Clément et al., 2014). Stigma, fear of judgment, culture beliefs and lack of available resources are common reasons. Mental health literacy refers to an individual's knowledge and understanding, despite an increasing awareness of mental health, many students do no translate this knowledge into help seeking attitude which can be contributed towards various interconnected factors (Graham et al., 2014). Another study identified that most significant barrier is the pervasive stigma surrounding mental health. Societal labeling and perceptions often cause mental health issues in negative way, leading students to fear of being judged or discriminate if admit to struggling. Additionally, cultural beliefs can strongly influences attitudes towards mental health. In some cultures, it might view as personal failure; hindering students from seeking help they need (Thornicroft et al., 2016). Some other factors that contributes towards hindering help seeking is lack of available resources, individuals may not be aware of the services and support system

accessible to them so increasing public awareness through educational campaigns for students is crucial to closing this information gap so that students become aware of available resources (Maggioni et al., 2014).

Similarly another coexisted literature on help seeking attitude and self efficacy explored that intense focus on seeking mental health support could lead to decrease sense of personal control over one's mental well-being. Students may start perceiving mental health as something beyond their influence grinding their self efficacy in improving mental health (Umubyeyi et al., 2015). Moreover, another study shows that excessive emphasis on seeking help might cast shadow upon efforts to equip students with skills and tool necessary for self efficacy in managing their mental health. If education system promotes external interventions without developing coping strategies, students might not feel confident in addressing mental health challenges (Mogren et al., 2015).

Mental health literacy scale (MHLS) is 35-item questionnaire developed by O' Connor (2015) which was designed to measure the knowledge or understanding of individuals about one's mental health issues. It assess various components i.e. knowledge of available treatments, recognition of mental issues. This questionnaire can identify areas where there might be gaps in understanding or misconceptions about mental health. According to current study, the reliability of mental health literacy stands at .90 (Table 2) which is highly consistent. The second instrument used to measure Mental Help Seeking Attitude were developed by Dr. Jospeh & Hammer (2018) consisting of 9-items which measures beliefs of an individual willingness to seek assistance, culture beliefs and

personal experiences. The Cronbach alpha reliability value for MHSAS in current study is .72 (Table 2) which is consistent reliability for any psychological measuring instrument. On the other hand, the third measure used was Generalized Self-Efficacy scale was developed by Ralf Schwarzer (2001), consists of 10-items scales shows the reliability of .83 (Table 2) which also indicates high internal consistency of the items.

Current study had three significant major hypotheses that aimed to investigate. According to our first hypothesis, there will be a significant positive relationship between mental health literacy and help seeking attitude among university students, and thus all three variables will significantly correlate with each other. According to the results of the (Table 4), shows highly negative correlations between mental health literacy and mental help seeking attitude. Thus stating negative relationship, previous studies suggested some evidences that students with higher mental health literacy might still face social stigmatization or labeling surrounding mental health issues. Students feel fear of judgment which can deter them from openly seeking help (Ntaganira et al., 2017). Moreover, another study revealed that cultural norms and attitudes towards mental health can vary from culture to culture. Some cultures may stigmatize mental health discussions or view seeking help as a sign of their personal weakness. Students may internalize negative perceptions about mental health, leading to self-stigma (Andersson et al., 2014). Another study found the several factors that contributed towards first correlation i.e. overestimation of self-management. Increased mental health literacy may lead to belief that one can manage their mental health by own self independently. Student might relay on informal discussions or feel confident in their ability to apply coping strategies

without any professional interventions. As well as, some students with higher mental health literacy might leads to normalization of stress and mental issues challenges as common experiences in academics life. Many students downplay the sensitivity of their struggles, assuming it as regular part of academic life (Neyman et al., 2014). Similarly, another previous study theorized that students with high mental health literacy might set idealistic or unrealistic standards for themselves. The fear of not meeting these standards and concerns about stigmatization can deter them from moving towards help seeking (Lim et al., 2014). In student life, there are many factors as well in which practical obstacles such as financial constraints, lack of time or limited access to mental health services can impede help seeking even with literacy and understanding, navigating these barriers can be challenging for university students (Heckman et al., 2014).

However, the second hypothesis of the study stated that there will be a significant positive relationship between mental help seeking attitude and self efficacy among university students. According to the findings of the current study (Table 4) there is highly negative correlation between help seeking attitude and self efficacy among university students. Thus, supporting the findings, by stating that social dynamics or peer influence at university level play vital role in shaping self-efficacy beliefs of students. Comparisons with peers especially in academics achievements may contribute towards feeling of inadequacy (Baltman & Lynn, 2016). Moreover another research theorized that low self-efficacy could stem from past unsuccessful experiences too at coping independently. Individuals may turn to mental health professionals as response to perceived inadequacies in their own abilities to manage difficulties on their own. This

study also emphasizes on collectivistic and individualistic culture that theorized despite seeking help, students may feel pressure to conform to social expectations and low self efficacy may originally stem from perceptions of not meeting those expectations as Pakistan is collectivistic culture so students might feel such perceptions (Lynn et al., 2018). Similarly some researches focused on the reason behind low self efficacy are perceived lack of confidentiality, concerns about confidentiality in mental health services might contribute. Students may feel worry about their private struggles becoming public knowledge, impacts their social standing. Individuals might question the effectiveness of seeking help if they doubt the ability of professionals to maintain their privacy of personal information. The fear of information leakage can hinder honest communication between individuals and mental health professionals. Limited disclosure might impede therapeutic process, impacting self efficacy of help seeking attitude among university students (Bouffard et al., 2005).

Final hypothesis stated that there will be a significant positive relationship between self efficacy and mental health literacy among university students. The findings of the current study (Table 4) emphasize the same positive correlation between mental health literacy and self-efficacy among university students. By supporting this result, mental health literacy enables students to identify signs and symptoms of mental health issues and with its knowledge students can comprehend different factors contributing to mental health challenges, reduce stigma and labeling. Awareness of mental health literacy can boost self-efficacy empowering students to recognize, manage and seek support for mental health challenges and increases ability to navigate stressors and

maintain mental well-being of the students (Goulet et al., 2019). Similarly another study suggested that mental health literacy provides toolbox of coping strategies to manage stressors and other mental issues. The acquisition of these skills as a student gain confidence in ability to handle difficult emotions which leads to high rate of self efficacy in them. Moreover, mental health literacy improvises the communication skills about mental well-being helping students to express their emotional needs; this can contribute to self efficacy by facilitating meaningful interactions with peers, family and society (Rahmati, 2015). Little previous literature emphasizes as a student experience success in applying mental health literacy understanding to improve their well-being, self efficacy reinforced too. This impacts a positive loop where increased self efficacy motivates further engagement in mental health literacy practices. A well-informed student have higher self efficacy and a better equipped to navigate challenges, develop coping strategies and actively participate in fostering positive mindset. Such students can implement solutions and enhance their belief in ability to overcome obstacles as a key aspect of self-efficacy (Krantz et al., 2015). Moreover some previous literature suggested that high level of mental health understanding emphasizes proactive practices. Engaging in such practices leads towards sense of control, positively impacts self efficacy rate. Mastery of these skills contributes to sense of competency and supporting overall self-efficacy (Moore & Freeston 2014).

Last demographic hypothesis of the study emphasizes, there would be a significant difference between mental health literacy, help-seeking and self efficacy between genders among university students. According to given (Table 5) females have a moderate edge in comprehending mental health. Previous researched reasoned it as

firstly; societal expectations and gender norms are important considerations. In Pakistan, conventional gender norms frequently dictate that females are encouraged to express feelings and seek help when dealing with mental health issues, whilst males are expected to maintain stoicism and avoid displaying vulnerability. As a result, female students may feel more at ease discussing mental health difficulties openly and seeking help from classmates or mental health experts (Moe et al., 2018). Moreover, access to education can also influence mental health literacy. In recent years, there has been a notable increase in educational opportunities for females in Pakistan, leading to more women enrolling in universities. With higher levels of education comes greater exposure to information about mental health through coursework, workshops, and campus resources. Female students may therefore have more opportunities to learn about mental health and develop the skills to recognize and address their own mental health needs (Abdul et al., 2008). Furthermore, stigmatization of mental illness varies by gender in Pakistani collectivistic society. While mental health concerns are often stigmatized for both men and women, ladies seeking treatment may receive more acceptance and support because femininity is connected with compassion and care. This could help female students feel more empowered to talk about mental health and seek help when necessary (Junaid et al., 2018)

Second variable of MHSAS emphasizes, males display considerably more positive attitudes towards help seeking (M=35.5, SD=2.29) than females. By stating previous researches, Pakistani society frequently places a higher priority on male educational achievements and job aspirations, resulting in increased pressure and stress in academic settings. As a result, male university students may be more likely to seek mental health treatment as a way of dealing with academic difficulties and preserving

their performance (Malik et al., 2012). Furthermore, cultural norms around masculinity may consider receiving treatment as a proactive step towards self-improvement rather than a show of weakness, encouraging male students to use mental health services. The availability and accessibility of mental health resources within university settings may also play a role. If mental health services are predominantly targeted towards male students or are more readily accessible to them, this could contribute to a higher uptake of help-seeking behaviors among males. Furthermore, stigma surrounding mental health concerns may be interpreted differently by males and girls in Pakistani culture, with males potentially suffering less societal backlash or judgement for seeking assistance (Andersson et al., 2014).

Conclusion

Therefore, the results of the current study revealed that high mental health literacy leads towards low mental help seeking attitude and increase self-efficacy among university students. The findings imply that university students with higher mental health literacy are less inclined to seek help from any professional possible due to their increase self efficacy rate, have sense of confidence in handling their own mental health challenges in life. This emphasized a complex relationship among students. Students with great understanding of mental health may rely more on their coping techniques. However, this might also pose a challenge in fostering a culture of support seeking behavior when required. On the other hand, mental help seeking attitude contributes towards low rate of self efficacy among university due to many reasons different studies have hypothesized. In some cases, help seeking process may not empower individuals with necessary tools to navigate challenges. Cultural expectations emphasize self-reliance which contributes to

sense of failure and impacts self efficacy. In conclusion, the collectivistic aspect of Pakistani culture can have a significant impact on mental health awareness and help-seeking attitudes among university students. It promotes a climate in which getting help is considered as a shared obligation, encouraging both male and female students to use mental health services. Gender roles within this collectivist framework, however, can alter how students negotiate mental health difficulties, with males potentially benefiting more from the communal support network and females facing additional obstacles entrenched in traditional expectations. Efforts to raise mental health awareness and support-seeking behaviors among Pakistani university students must take these gender-specific dynamics into account, as well as the larger collectivistic cultural background.

Limitations

1. Time constraint was major hurdle in conducting this research project. Availability of time could have let me gather more data from other cities.

2. This study involves self-report measures so, the participants might over exaggerate or they might not provide us their actual information.

3. Social desirability could be a factor that might have an effect on the study. This study was conducted only in universities of Islamabad and Rawalpindi so the results might not be highly generalizable.

4. Convenience sampling was used on selecting participants who are easily accessible so this could be result in non-representative sample that doesn't accurately the targeted population and certain groups might be over or unrepresented.

5. The study may not thoroughly examine external factors such as support systems, which may influence mental health outcomes among university students.

6. The external validity of the study may be impacted by the systemic differences between study participants who volunteer and those who do not.

Implications

This study suggests that increased self-efficacy and a positive attitude towards getting help are linked to mental health literacy. It will give theoretical insight, and going forward, qualitative research may be more beneficial in giving detailed information. The sample should also include those without formal education. A variety of programs, such as workplace mental health initiatives, mental health first aid initiatives, and online resources and platforms, can be set up to educate students about mental health literacy and the importance of having a help-seeking mentality. These initiatives aim to educate people, lessen stigma, and encourage early intervention. Students can also access websites, mobile apps, online courses, and help.

This study will provide insight into how these variables contribute to students overall well-being and academic success and inform the interventions development to support students. This may also include developing educational seminars, workshops to increase mental health literacy, help seeking attitude and self efficacy by managing mental health concerns. The findings can inform also the development of peer support programs within the universities and could train students voluntarily to provide guidance and reduce barriers to seeking help. Further the implications of this study will influence future mental health literacy and it would be more helpful if studies with other variables as well as qualitative research could be more helpful in providing in-depth information. Mental health literacy empowers students to recognize signs of stress in themselves.

When students encompass the skills to identify mental health problems they will intervene early offering support to appropriate resources. These interventions are important for preventing escalation and promote timely access to professional help. Mental health literacy will also lead towards resource allocation for mental health services. When the young population are well informed about the mental health and help seeking attitude, there will be greater demand for improved mental health services with increase attention in policymakers. This literature will be helpful in promoting mental health literacy and self efficacy among students of Pakistan which requires some efforts from seminars, workshops and community. As well as, implementation of mental health education programs, conversation with de-stigmatization, providing availability to support services and fosters the environment that nurtures self-efficacy will results in great benefit of well-being of the students. A collective improvement in mental health understanding and help seeking attitude could contribute to broader shift in campus culture towards prioritizing mental well-being. Universities might implement such programs to further promote mental health awareness among their students.

Future Recommendations

Longitudinal and qualitative researches could be conducted to explore how the relationship between mental health literacy, help seeking attitude and self efficacy evolves over time period among students which gains deeper insights into live experiences of students. Investigate cultural variations considering these variables may differ across diverse student's population. Assess and develop such intervention strategies which aimed to enhance mental health literacy and foster help seeking attitudes. Moreover, accessibility and awareness could also be examined in communities.

Comparative studies can also be conducted across different educational levels (high schools, colleges) to understand these variables might base on academic contexts. Furthermore, future researches may guide the allocation of resources towards mental health support services and ensures effectiveness for students while considering multidimensional nature of mental well-being challenges. As technology plays a vital role in our daily lives, future recommendations might involve leveraging digital platforms to deliver mental health support and promote engagement and accessibility. Interdisciplinary collaborations may be enhancing, bringing together researches from education, technology, psychology and different fields to address multi-faced aspects of mental health challenges. Researcher should consider conducting long term impact interventions to gauge their effects on mental health knowledge, help seeking attitude and self efficacy, providing insight into lasting benefits.

REFERENCES

Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review*, *31*(6), 934–948. https://doi.org/10.1016/j.cpr.2011.05.003

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58*(1), 5–14. https://doi.org/10.1037/0003-066x.58.1.5

Allan, A. (2013). Ethics in Correctional and Forensic Psychology: Getting the Balance Right. *Australian Psychologist*, *48*(1), 47–56. https://doi.org/10.1111/j.1742-9544.2012.00079.x

Angermeyer, M. C., Beck, M., Dietrich, S., & Holzinger, A. (2004). The stigma of Mental Illness: patients' anticipations and experiences. *International Journal of Social Psychiatry*, *50*(2), 153–162. https://doi.org/10.1177/0020764004043115

Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., Demyttenaere, K., Ebert, D. S., Green, J. C., Hasking, P., Murray, E., Nock, M. K., Pinder-Amaker, S., Sampson, N. A., Stein, D. J., Vilagut, G., Zaslavsky, A. M., & Kessler, R. C. (2018). WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. *Journal of Abnormal Psychology*, *127*(7), 623–638. https://doi.org/10.1037/abn0000362

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*(2), 191–215. https://doi.org/10.1037/0033-295x.84.2.191

Bartimote-Aufflick, K., Bridgeman, A. J., Walker, R., Sharma, M., & Smith, L. (2015).

    The study, evaluation, and improvement of university student self-efficacy.

    Studies in Higher Education, *41*(11), 1918–1942.

    https://doi.org/10.1080/03075079.2014.999319

Beasley, L., Kiser, R., & Hoffman, S. J. (2020b). Mental health literacy, self-efficacy,

    and stigma among college students. *Social Work in Mental Health*, *18*(6), 634–

    650. https://doi.org/10.1080/15332985.2020.1832643

Becker, H. S. (2018). Labelling theory reconsidered 1. In *Routledge eBooks* (pp. 41–66).

    https://doi.org/10.4324/9781351059039-2

Bouffard, T., Bouchard, M. F., Goulet, G. M., Denoncourt, I., & Couture, N. (2005b).

    Influence of achievement goals and self-efficacy on students' self-regulation and

    performance. *International Journal of Psychology*, *40*(6), 373–384.

    https://doi.org/10.1080/00207590444000302

Burns, J. A., & Rapee, R. M. (2006). Adolescent mental health literacy: Young people's

    knowledge of depression and help seeking. *Journal of Adolescence*, *29*(2), 225–

    239. https://doi.org/10.1016/j.adolescence.2005.05.004

Casey, M. B. (1996). Understanding Individual Differences in Spatial Ability within

    Females: A Nature/Nurture Interactionist Framework. *Developmental Review*,

    16(3), 241–260. https://doi.org/10.1006/drev.1996.0009

Cauffman, E. (2008b). Understanding the female offender. *The Future of Children*, *18*(2),

    119–142. https://doi.org/10.1353/foc.0.0015

Çiftçi, A., Jones, N., & Corrigan, P. W. (2013). Mental health stigma in the Muslim community. *Journal of Muslim Mental Health*, *7*(1). https://doi.org/10.3998/jmmh.10381607.0007.102

Clément, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J., & Thornicroft, G. (2014). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, *45*(1), 11–27. https://doi.org/10.1017/s0033291714000129

Corrigan, P. W., & Wassel, A. (2008). Understanding and influencing the stigma of mental illness. *Journal of Psychosocial Nursing and Mental Health Services*, *46*(1), 42–48. https://doi.org/10.3928/02793695-20080101-04

Couture, É. M., Chouinard, M., Fortin, M., & Hudon, C. (2017). The relationship between health literacy and quality of life among users of health care services: a cross-sectional study. *Health and Quality of Life Outcomes*, *15*(1). https://doi.org/10.1186/s12955-017-0716-7

Deane, F. P., & Chamberlain, K. (1994). Treatment fearfulness and distress as predictors of professional psychological help-seeking. *British Journal of Guidance & Counselling*, *22*(2), 207–217. https://doi.org/10.1080/03069889408260315

Dearing, R. L., Maddux, J. E., & Tangney, J. P. (2005). Predictors of Psychological Help seeking in Clinical and Counseling Psychology graduate students. *Professional Psychology: Research and Practice*, *36*(3), 323–329. https://doi.org/10.1037/0735-7028.36.3.323

Fredrickson, B. L., & Roberts, T. A. (1997). Objectification Theory: toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, *21*(2), 173–206. https://doi.org/10.1111/j.1471-6402.1997.tb00108.x

Giel, R., & Harding, T. (1976). Psychiatric priorities in developing countries. *The British Journal of Psychiatry*, *128*(6), 513–522. https://doi.org/10.1192/bjp.128.6.513

Gong, A. T., & Furnham, A. (2014). Mental health literacy: Public knowledge and beliefs about mental disorders in mainland China. *PsyCh Journal*, *3*(2), 144–158. https://doi.org/10.1002/pchj.55

Goodwin, J., Behan, L., Kelly, P. J., McCarthy, K. P., & Horgan, A. (2016). Help-seeking behaviors and mental well-being of first year undergraduate university students. https://doi.org/10.1016/j.psychres.2016.09.015

Gould, M. S., Velting, D. M., Kleinman, M., Lucas, C. P., Thomas, J. G., & Chung, M. (2004). Teenagers' attitudes about coping Strategies and Help-Seeking Behavior for suicidality. *Journal of the American Academy of Child and Adolescent Psychiatry*, *43*(9), 1124–1133. https://doi.org/10.1097/01.chi.0000132811.06547.31

Helmes, E., & Gallou, L. (2014). Culture and attitudes toward psychological help-seeking influence clients' self-disclosure. *European Journal of Psychotherapy & Counselling*, *16*(2), 163–176. https://doi.org/10.1080/13642537.2014.895771

Hernandez, C. a. S., Han, C. S., Oliffe, J. L., & Ogrodniczuk, J. S. (2014). Understanding help-seeking among depressed men. *Psychology of Men and Masculinity*, *15*(3), 346–354. https://doi.org/10.1037/a0034052

Hunt, J., & Eisenberg, D. (2010). Mental Health Problems and Help-Seeking Behavior among college students. *Journal of Adolescent Health*, *46*(1), 3–10. https://doi.org/10.1016/j.jadohealth.2009.08.008

Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. A. (1997). "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *The Medical Journal of Australia*, *166*(4), 182–186. https://doi.org/10.5694/j.1326-5377.1997.tb140071.x

Kelly, C. M., Jorm, A. F., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *The Medical Journal of Australia*, *187*(S7). https://doi.org/10.5694/j.1326-5377.2007.tb01332.x

Klimes-Dougan, B., Klingbeil, D. A., & Meller, S. J. (2013). The Impact of Universal Suicide-Prevention Programs on the Help-Seeking Attitudes and Behaviors of Youths. *Crisis-the Journal of Crisis Intervention and Suicide Prevention*, *34*(2), 82–97. https://doi.org/10.1027/0227-5910/a000178

Knapp, S., & VandeCreek, L. (2001). Ethical Issues in Personality Assessment in Forensic Psychology. *Journal of Personality Assessment*, *77*(2), 242–254. https://doi.org/10.1207/s15327752jpa7702_07

Kuhl, J., Jarkon-Horlick, L., & Morrissey, R. F. (1997). Measuring Barriers to Help-Seeking Behavior in Adolescents. *Journal of Youth and Adolescence*, *26*(6), 637–650. https://doi.org/10.1023/a:1022367807715

Lau, A. S., & Takeuchi, D. T. (2001). Cultural factors in help-seeking for child behavior problems: Value orientation, affective responding, and severity appraisals among

Chinese-American parents. *Journal of Community Psychology*, *29*(6), 675–692. https://doi.org/10.1002/jcop.1042

Lefley, H. P. (1990). Culture and chronic mental illness. *Psychiatric Services*, *41*(3), 277–286. https://doi.org/10.1176/ps.41.3.277

Liddon, L., Kingerlee, R., & Barry, J. A. (2017). Gender differences in preferences for psychological treatment, coping strategies, and triggers to help-seeking. *British Journal of Clinical Psychology*, *57*(1), 42–58. https://doi.org/10.1111/bjc.12147

M., & W. (2012). Mental Health Literacy in Canadian Young Adults: Results of a National Survey. *Canadian Journal of Community Mental Health*, *31*(1), 1–15. https://doi.org/10.7870/cjcmh-2012-0002

Mickus, M., Colenda, C. C., & Hogan, A. J. (2000). Knowledge of mental health benefits and preferences for type of mental health providers among the general public. *Psychiatric Services*, *51*(2), 199–202. https://doi.org/10.1176/appi.ps.51.2.199

Moè, A. (2009b). Are males always better than females in mental rotation? Exploring a gender belief explanation. *Learning and Individual Differences*, *19*(1), 21–27. https://doi.org/10.1016/j.lindif.2008.02.002

Möller-Leimkühler, A. M. (2002). Barriers to help-seeking by men: a review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders*, *71*(1–3), 1–9. https://doi.org/10.1016/s0165-0327(01)00379-2

Nagai, S. (2015). Predictors of help-seeking behavior: Distinction between help-seeking intentions and help-seeking behavior. *Japanese Psychological Research*, *57*(4), 313–322. https://doi.org/10.1111/jpr.12091

O'Connor, M. K., & Casey, L. M. (2015). The Mental Health Literacy Scale (MHLS): A

new scale-based measure of mental health literacy. *Psychiatry Research-

neuroimaging*, *229*(1–2), 511–516. https://doi.org/10.1016/j.psychres.2015.05.064

O'Connor, M., & Casey, L. (2015). The mental health literacy scale (MHLS): A new

scale-based measure of mental health literacy, Psychiatry Research,

http://dx.doi.org/10.1016/j.psychres.2015.05.06

Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. E. (2014). College Students:

Mental health problems and treatment Considerations. *Academic Psychiatry*,

39(5), 503–511. https://doi.org/10.1007/s40596-014-0205-9

Pretorius, C., Chambers, D., & Coyle, D. (2019). Young People's Online Help-Seeking

and Mental Health Difficulties: Systematic Narrative Review. *Journal of Medical

Internet Research*, *21*(11), e13873. https://doi.org/10.2196/13873

Puustinen, M. (1998). Help-seeking behavior in a problem-solving situation:

Development of self-regulation. *European Journal of Psychology of Education*,

13(2), 271–282. https://doi.org/10.1007/bf03173093

Ratnayake, P., & Hyde, C. (2019b). Mental Health Literacy, Help-Seeking Behaviour and

Wellbeing in Young People: Implications for Practice. *The Educational and

Developmental Psychologist*, *36*(1), 16–21. https://doi.org/10.1017/edp.2019.1

Rickwood, D., & Braithwaite, V. (1994). Social-psychological factors affecting help-

seeking for emotional problems. *Social Science & Medicine*, *39*(4), 563–572.

https://doi.org/10.1016/0277-9536(94)90099-x

Rickwood, D., Deane, F. P., & Wilson, I. G. (2007). When and how do young people seek professional help for mental health problems? *The Medical Journal of Australia*, *187*(S7). https://doi.org/10.5694/j.1326-5377.2007.tb01334.x

Roeser, R. W., & Midgley, C. (1997). Teachers' views of issues involving students' mental health. *Elementary School Journal*, *98*(2), 115–133. https://doi.org/10.1086/461887

Rosenfield, S., & Mouzon, D. M. (2012). Gender and mental health. In *Handbooks of sociology and social research* (pp. 277–296). https://doi.org/10.1007/978-94-007-4276-5_14

Sakano, Y., (1986). The general self-efficacy scale (GSES) : Scale development and validation. *Japanese Journal of Behavior Therapy*, *12*(1), 73–82. https://ci.nii.ac.jp/naid/110009667855/en/

Scheff, T. J. (1974). The Labelling Theory of Mental Illness. *American Sociological Review*, *39*(3), 444. https://doi.org/10.2307/2094300

Seeman, N., Tang, S., Brown, A. D., & Ing, A. (2016). World survey of mental illness stigma. *Journal of Affective Disorders*, *190*, 115–121. https://doi.org/10.1016/j.jad.2015.10.011

Sheu, H., & Sedlacek, W. E. (2004). An Exploratory Study of Help-Seeking Attitudes and Coping Strategies Among College Students by Race and Gender. *Measurement and Evaluation in Counseling and Development*, *37*(3), 130–143. https://doi.org/10.1080/07481756.2004.11909755

Spagnolo, J., Champagne, F., Leduc, N., Rivard, M., Piat, M., Laporta, M., Melki, W., & Charfi, F. (2018). Mental health knowledge, attitudes, and self-efficacy among

primary care physicians working in the Greater Tunis area of Tunisia.

International Journal of Mental Health Systems, *12*(1).

https://doi.org/10.1186/s13033-018-0243-x

Tanaka, G. (2003). Development of the mental Illness and disorder understanding scale.

International Journal of Japanese Sociology, *12*(1), 95–107.

https://doi.org/10.1111/j.1475-6781.2003.00045.x

Taylor, R. E., & Kuo, B. C. H. (2019). Black American psychological help-seeking

intention: An integrated literature review with recommendations for clinical

practice. *Journal of Psychotherapy Integration*, *29*(4), 325–337.

https://doi.org/10.1037/int0000131

Ting, J. Y., & Hwang, W. (2009). Cultural influences on help-seeking attitudes in Asian

American students. *American Journal of Orthopsychiatry*, *79*(1), 125–132.

https://doi.org/10.1037/a0015394

Ting, J. Y., & Hwang, W. (2009). Cultural influences on help-seeking attitudes in Asian

American students. *American Journal of Orthopsychiatry*, *79*(1), 125–132.

https://doi.org/10.1037/a0015394

Tucker, I., & Goodings, L. (2016). Medicated bodies: Mental distress, social media and

affect. *New Media & Society*, *20*(2), 549–563.

https://doi.org/10.1177/1461444816664347

Umubyeyi, A., Mogren, I., Ntaganira, J., & Krantz, G. (2016). Help-seeking behaviours,

barriers to care and self-efficacy for seeking mental health care: a population-

based study in Rwanda. *Social Psychiatry and Psychiatric Epidemiology*, *51*(1),

81–92. https://doi.org/10.1007/s00127-015-1130-2

Usher, E. L. (2009). Sources of Middle School Students' Self-Efficacy in Mathematics: A

Qualitative investigation. *American Educational Research Journal*, *46*(1), 275–

314. https://doi.org/10.3102/0002831208324517

Velasco, A. L., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the

barriers, facilitators and interventions targeting help-seeking behaviours for

common mental health problems in adolescents? A systematic review. *BMC*

Psychiatry, *20*(1). https://doi.org/10.1186/s12888-020-02659-0

Wei, Y., McGrath, P. J., Hayden, J. A., & Kutcher, S. (2016). Measurement properties of

tools measuring mental health knowledge: a systematic review. *BMC Psychiatry*,

16(1). https://doi.org/10.1186/s12888-016-1012-5

Wei, Y., McGrath, P. J., Hayden, J. A., & Kutcher, S. (2017). Measurement properties of

mental health literacy tools measuring help-seeking: a systematic review*. *Journal of*

Mental Health, *26*(6), 543–555. https://doi.org/10.1080/09638237.2016.1276532

Williams, J. C., & Takaku, S. (2011). Help seeking, self-efficacy, and writing

performance among college students. *The Journal of Writing Research*, *3*(1), 1–

https://www.jowr.org/articles/vol3

Yang, L. H., Kleinman, A., Link, B. G., Phelan, J. C., Lee, P., & Good, B. J. (2007).

Culture and stigma: Adding moral experience to stigma theory. *Social Science &*

Medicine, *64*(7), 1524–1535. https://doi.org/10.1016/j.socscimed.2006.11.013

Yoo, S., Goh, M., & Yoon, E. (2005). Psychological and cultural influences on Koreans'

Help-Seeking attitudes. *Journal of Mental Health Counseling*, *27*(3), 266–281.

https://doi.org/10.17744/mehc.27.3.9kh5v6rec36egxlv

Yosso, T. J. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race Ethnicity and Education*, *8*(1), 69–91. https://doi.org/10.1080/1361332052000341006

Yost, D. S. (2006). Reflection and Self-Efficacy: Enhancing the Retention of Qualified Teachers from a Teacher Education Perspective. *Teacher Education Quarterly*, *33*(4), 59–76. http://files.eric.ed.gov/fulltext/EJ795226.pdf

Yousaf, O., Grunfeld, E. A., & Hunter, M. (2013). A systematic review of the factors associated with delays in medical and psychological help-seeking among men. *Health Psychology Review*, *9*(2), 264–276. https://doi.org/10.1080/17437199.2013.840954

Yu, Y., Liu, Z., Hu, M., Liu, H., Yang, J. P., Zhou, L., & Xiao, S. (2015). Mental Health Help-Seeking Intentions and Preferences of Rural Chinese Adults. *PLOS ONE*, *10*(11), e0141889. https://doi.org/10.1371/journal.pone.0141889

Appendices

Appendix A

Inform Consent Form

Inform Consent

I understand that this study is being conducted by the student of Department of Psychology, Capital University of Science and Technology Islamabad as a part of research I hereby confirm my participation in the project to be voluntary. I know that the researches will not disclose my name or any demographic information in the reports after seeking results from the research as well as that my confidentiality will be maintained as a participant. I have a right to withdraw and discontinue my participation anytime whenever I require it to be, without any penalties.

Date _____

Signature _____

Appendix B

Demographic Information Form

Demographic Information Form

For the following items, please select the response that is most descriptive of you or fill in the blanks as appropriate.

Gender: Male/ Female

Age: ☐ 18- 22   ☐ 23-25   ☐ 26 above

Relationship status: ☐ Single   ☐ Married   ☐ Relationship

Education: undergraduate (current semester enrolled) _____

University_____

University Type: ☐ Private   ☐ Government   ☐ Semi-Government

Department: _____

Family System: ☐ Nuclear   ☐ Joint

Appendix C

Mental Health Literacy Scale (MHLS)

Mental Health Literacy Scale (MHLS)

The purpose of these questions is to gain an understanding of your knowledge of various aspects to do with mental health. When responding, we are interested in your degree of knowledge. Therefore when choosing your response, consider that,

Very unlikely = I am certain that it is NOT likely

Unlikely = I think it is unlikely but am not certain

 Likely = I think it is likely but am not certain

Very Likely = I am certain that it IS very likely

If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have **Social Phobia**

Very unlikely   Unlikely   Likely   Very Likely

If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have **Generalized Anxiety Disorder**

Very unlikely   Unlikely   Likely   Very Likely

If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have **Major Depressive Disorder**

Very unlikely   Unlikely   Likely   Very Likely

To what extent do you think it is likely that **Personality Disorders** are a category of mentalillness:

Very unlikely   Unlikely   Likely   Very Likely

To what extent do you think it is likely that **Dysthymia** is a disorder

Very unlikely   Unlikely   Likely   Very Likely

To what extent do you think it is likely that the diagnosis of **Agoraphobia** includes anxiety aboutsituations where escape may be difficult or embarrassing

Very unlikely   Unlikely   Likely   Very Likely

To what extent do you think it is likely that the diagnosis of **Bipolar Disorder** includes experiencing periods of elevated (i.e., high) and periods of depressed (i.e., low) mood

Very unlikely   Unlikely   Likely   Very Likely

To what extent do you think it is likely that the diagnosis of **Drug Dependence** includes physicaland psychological tolerance of the drug (i.e., require more of the drug to get the same effect)

Very unlikely   Unlikely   Likely   Very Likely

To what extent do you think it is likely that in general in Australia, **women are MORE likely to experience a mental illness of any kind compared to men**

Very unlikely   Unlikely   Likely   Very Likely

To what extent do you think it is likely that in general, in Australia**, men are MORE likely to experience an anxiety disorder compared to women**

Very unlikely   Unlikely   Likely   Very Likely

To what extent do you think it would be helpful for someone to **improve their quality of sleep**if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed)

Very unhelpful   Unhelpful   Helpful   Very helpful

To what extent do you think it would be helpful for someone to **avoid all activities or situations that made them feel anxious** if they were having difficulties managing their emotions

Very unhelpful   Unhelpful   Helpful   Very helpful

To what extent do you think it is likely that **Cognitive Behavior Therapy (CBT)** is a therapybased on challenging negative thoughts and increasing helpful behaviors

Very unlikely   Unlikely   Likely   Very Likely

Mental health professionals are bound by confidentiality; however there are certain conditionsunder which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to **break confidentiality**:

If you are at immediate risk of harm to yourself or others

Very unlikely   Unlikely   Likely   Very Likely

Mental health professionals are bound by confidentiality; however there are certain conditionsunder which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to **break confidentiality**:

if your problem is not life-threatening and they want to assist others to better support you

Very unlikely   Unlikely   Likely   Very Likely

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
16. I am confident that I know where to seek information about mental illness					
17. I am confident using the computer or telephone to seek information about mental illness					
18. I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the GP)					
19. I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness					

20. People with a mental illness could snap out if it if they wanted					
21. A mental illness is a sign of personal weakness					
22. A mental illness is not a real medical illness					
23. People with a mental illness are dangerous					
24. It is best to avoid people with a mental illness so that you don't develop this problem					

25. If I had a mental illness I would not tell anyone					
26. Seeing a mental health professional means you are not strong enough to manage your own difficulties					
27. If I had a mental illness, I would not seek help from a mental health professional					
28. I believe treatment for a mental illness, provided by a mental health professional, would not be effective					

	Definitely unwilling	Probably	Neither	Probably willing	Definitely willing
29. How willing would you be to move next door to someone with a mental illness?					
30. How willing would you be to spend an evening socializing with someone with a mental illness?					
31. How willing would you be to make friends with someone with a mental illness?					

32. How willing would you be to have someone with a mental illness start working closely with you on a job?					
33. How willing would you be to have someone with a mental illness marry into your family?					
34. How willing would you be to vote for a politician if you knew they had suffered a mental illness?					
35. How willing would you be to employ someone if you knew they had a mental illness?					

Appendix D

Mental Help Seeking Attitude Scale (MHSAS)

Mental Help Seeking Attitude Scale (MHSAS)

Please mark the circle that best represents your opinion. For example, if you feel that your seeking help would be extremely useless, you would mark the circle closest to "useless." If you are undecided, you would mark the"0" circle. If you feel that your seeking help would be slightly useful, you would mark the "1" circle that is closer to "useful."

Statements are; if I had a mental health concern, seeking help from a mental health professional would be...

	3	2	1	0	1	2	3	
Useless	○	○	○	○	○	○	○	Useful
Important	○	○	○	○	○	○	○	Unimportant
Unhealthy	○	○	○	○	○	○	○	Healthy
Ineffective	○	○	○	○	○	○	○	Effective
Good	○	○	○	○	○	○	○	Bad
Healing	○	○	○	○	○	○	○	Hurting
Disempowering	○	○	○	○	○	○	○	Empowering
Satisfying	○	○	○	○	○	○	○	Unsatisfying
Desirable	○	○	○	○	○	○	○	Undesirable

Appendix E

Generalized Self-Efficacy Scale

Generalized Self-Efficacy scale

		Not at all true	Barely true	Moderately true	Exactly true
1.	I can always manage to solve difficult problems if I try hard enough.	1	2	3	4
2.	If someone opposes me, I can find means and ways to get what I want.	1	2	3	4
3.	It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4
4.	I am confident that I could deal efficiently with unexpected events.	1	2	3	4
5.	Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4
6.	I can solve most problems if I invest the necessary effort.	1	2	3	4
7.	I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4
8.	When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
9.	If I am in a bind, I can usually think of something to do.	1	2	3	4
10.	No matter what comes my way, I'm usually able to handle it.	1	2	3	4

Appendix F

Authors Permission Letter for Mental Health Literacy Scale

Matt O'Connor Mar 26

to me

Thank you very much for your interest in the MHLS, it is always a pleasure to hear from a researcher with a similar interest in this area. You are welcome to use the MHLS for your research

For the questions relating to Australia, we have been suggesting that researchers look at population level data for their country and modify the answer accordingly. In addition, given the changes in the DSM 5, we are suggesting that you modify:
  Q5 to: To what extent do you think it is likely that **Persistent Depressive Disorder** (Dysthymia) is a disorder
Q8 to: To what extent do you think it is likely that the diagnosis of **Substance Abuse Disorder** can include physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect)

Please keep me updated on your research as we would be interested to hear how it progresses

Show quoted text

Appendix G

Authors Permission Letter for Mental Help Seeking Attitude

Hammer Instrument Permission Form

Congratulations! You hereby have permission to use Dr. Hammer's instrument(s) for the study/application you described.

You can download a copy of the instrument(s) from their pages (see http://drjosephhammer.com/research/) on Dr. Hammer's website.

Please note that you will need to fill out this permission form again to use the instrument(s) in future studies/applications.

Edit your response

Submit another response

Appendix H

Author Permission Letter for Generalized Self-Efficacy Scale

There is no other manual of the GSE. This is the only documentation. Don't send eMails asking for more!

There are currently scale versions adapted to 33 languages. See:
http://userpage.fu-berlin.de/~health/selfscal.htm

The purpose of this FAQ is to assist the users of the scales published at the author's web pages http://www.ralfschwarzer.de/ Here you find lots of other resources.

Before attending to the questions below you might want to study our web pages. You might not have any questions after reading the web pages.

🔮 Do I need permission to use the general perceived self-efficacy (GSE) scale?

For a permission letter, see page 9.You do not need our explicit permission to utilize the scale in your research studies. We hereby grant you permission to use and reproduce the General Self-Efficacy Scale for your study, given that appropriate recognition of the source of the scale is made in the write-up of your study.

The main source is attached to this FAQ:
Schwarzer, R., & Jerusalem, M. **(1995)**. Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, England: NFER-NELSON.