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The Effect of Mental Health Literacy on Psychological Help-Seeking Intention, Among Thai Undergraduate Students in Bangkok

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Abstract

This study aimed to examine the effect of mental health literacy on psychological help-seeking intention, mediated by social stigma and self-stigma (at level 1) and attitudes toward seeking psychological help (at level 2) as posited in the form of 4 nested models. Based on the data from 1000 young adult Thai undergraduate students from universities across Bangkok, Thailand. The results revealed that the research instruments were psychometrically sound, that the full path model (model number 4) was the best fitting model, and that the students' mental health literacy had a positive effect on their attitudes and psychological help-seeking intention. This literacy level led to the students being highly aware of the stigmas present in their context, which was reflected in their stigma scores. Social stigma and self-stigma negatively mediated the effect of mental health literacy on attitudes and intention. And ultimately, attitudes had a direct positive effect on students' psychological help-seeking intention. The proposed model was adequate in predicting the students' psychological help-seeking intention.

Keywords*:* mental health literacy, social stigma, self-stigma, help-seeking attitudes, help-seeking intention, Thai undergraduate

Introduction

Emerging adulthood is one of the critical developmental stages that has received considerable attention from researchers. It is the period between 18 to 25 years old, in which young adults are expressing their identity, weighing career options, and forming adult romantic relationships without the expectation of adopting adulthood responsibilities soon (Arnett, 2004).

Statistics show that most people, including young adults, who need mental health care, do not receive it (Thornicroft, 2007). For example, in continental Europe, about 38.2 percent of the population each year suffers from a mental disorder, out of which less than one-third receive any type of mental health care (Wittchen et al., 2011).

Statistics paint a grim picture when the focus is put specifically on college students and their struggles with mental disorders. According to the World Health Organization World Mental Health Surveys, one in every five (20.3%) college students around the world suffers from a form of mental disorder, with anxiety disorders the most prevalent, followed by mood disorders, substance use disorders, and finally, behavioral disorders; most disorders having an onset before enrolling in college, and only 16.4% of those students received any form of mental health care in the prior 12-month period (Auerbach et al., 2016). The repercussions of these

complications can manifest in different ways, for example, impacting the academic achievement and adjustment of the individual in a detrimental way which could make it harder for them to be successful in the job market (Tinto, 2006).

Regarding seeking and receiving mental health care, it has been suggested that the low rates of access to mental health care are based more on attitudinal barriers than structural ones (Outram et al., 2004). It has been shown that the sense of perceived stigmatization and the resulting embarrassment, lack of knowledge in identifying mental disorder symptoms, and a false sense of self-efficacy with a preference to rely on oneself in dealing with such complications are the most important roadblocks to individuals seeking and receiving the help they so desperately need (Gulliver et al., 2010).

When professionals assess the knowledge and beliefs about mental disorders, they can identify stigmas associated with said disorders, which are among the most important factors hindering the early and effective diagnosis and treatment of mental disorders. Therefore, this highlighting of the lack of knowledge, false beliefs, and the associated stigmas can actually be beneficial in developing strategies to promote mental health literacy (Schulze et al., 2003).

In this study, the author attempts to fill a knowledge gap based on the recent objective measures of mental health literacy and implement said concept in a model predicting the psychological help-seeking behavior of undergraduate students in Bangkok by devising four nested models and testing said models via SEM to find the best-fitting model.

Literature Review

Asian university students, especially young adults, have been shown to shy away from seeking mental health services in their native countries. They tend to carry the same cultural tendencies even while studying abroad in a western setting. Recent research shows that Asian international students generally hold negative views about seeking mental health care and counseling; they see it as a shameful and stigmatizing process (Brinson & Kottler, 1995). Though, it has been suggested that if the counseling experience is focused more on the existential worries of life, they would be more likely to respond in a positive manner (Conrad & Johnson, 2020). With all that said, the role and importance of astrology in the lives of Thai people and the belief in fortune-telling should not be discounted (Temcharoenkit & Johnson, 2021).

Students also have shown that they are not willing to seek help from informal sources (friends and family) because they have this fear that they may cause those sources unnecessary worry and concern (Constantine et al., 2005; Olivas & Li, 2006).

Within the Thai context, depression has proven to be the most common mental health issue, and mental health issues, in general, are under-reported and underdiagnosed. According to estimates from a nationally representative household survey in 2008, around 1.5 million

people were living with major depressive disorder. The prevalence was highest in Bangkok, followed by northeastern regions of the country. About 59% of the population with major depressive symptoms were assessed to be at risk of suicide (Kongsuk et al., 2017).

The low rates of reporting and diagnosis make sense when one considers the historical and cultural context dominant in Thailand. For example, mental illnesses are traditionally believed to have been caused by black magic or possession by a spirit or other supernatural elements. The remedies could range from beating the spirit out of the person (by whipping), torturing the individual until they showed no symptoms; or consulting monks and religious figures to use their wares (holy water and incantations) to cure the person of evil (Burnard & Naiyapatana, 2004; Burnard et al., 2006).

Family structure and communication patterns in Thailand can also have an important part to play in an individual's psychological help-seeking behavior. According to Charoenthaweesub and Hale (2011), Thai families, especially in rural settings, tend to live in multigenerational households and, according to Ritchie (1988), tend to adopt a socio-orientation communication style within the family, in which the family should strive to maintain good relationships within themselves and avoid any confrontation that could disrupt the harmonious state of the family (as cited in Pitakchinnapong & Rhein, 2019).

Promoting mental health awareness and increasing this population's mental health literacy is of utmost importance, as college-age individuals, just like the general population, are usually very low in their knowledge of mental health. It happens that young adults may be aware of some non-specific information regarding mental illness, yet their mental health literacy levels are still low; for example, they tend to mischaracterize and misidentify schizophrenia and depression (Farrer et al., 2008). Therefore, assessing the level of and promoting increased mental health literacy, by virtue of increasing this knowledge, and shaping beliefs based on that knowledge, has been shown to influence associated stigmas and attitudes, which in turn informs the individual's action, which in this case refers to their traditional reluctance in seeking professional psychological help (Kim & Omizo, 2003; Kim & Yon, 2019).

Research Methodology

Study design and participants

The current research employs a correlation-covariance technique through path analysis using Structural Equation Modeling (SEM). The present research investigates the hypothesized effect of mental health literacy on psychological help-seeking intention, mediated by self-stigma, social stigma, and attitudes toward seeking psychological help, in the form of 4 nested models (Figure 1, 2, 3 and 4), with a sample of 1000 undergraduate university students between the ages of 18 to 25 from various universities in Bangkok, Thailand. Minimum required sample size given the number of variables in the hypothesized models, with an expected medium effect size (w= 0.3), statistical power level of 0.9, and the alpha value of α=0.05 was calculated as 288, and with the instrument validation step doubling this number, a sample size of 1000

participants was chosen. This sample was later broken down into sample 1 (*n*=310) to assess the instruments' reliability and validity and sample 2 (*n*=690) for confirmatory factor analysis and model testing.

Figure 1

Direct model: The relationship between the two dimensions of mental health literacy (Knowledge of mental health, erroneous beliefs / stereotypes) with the criterion variable psychological help-seeking intention

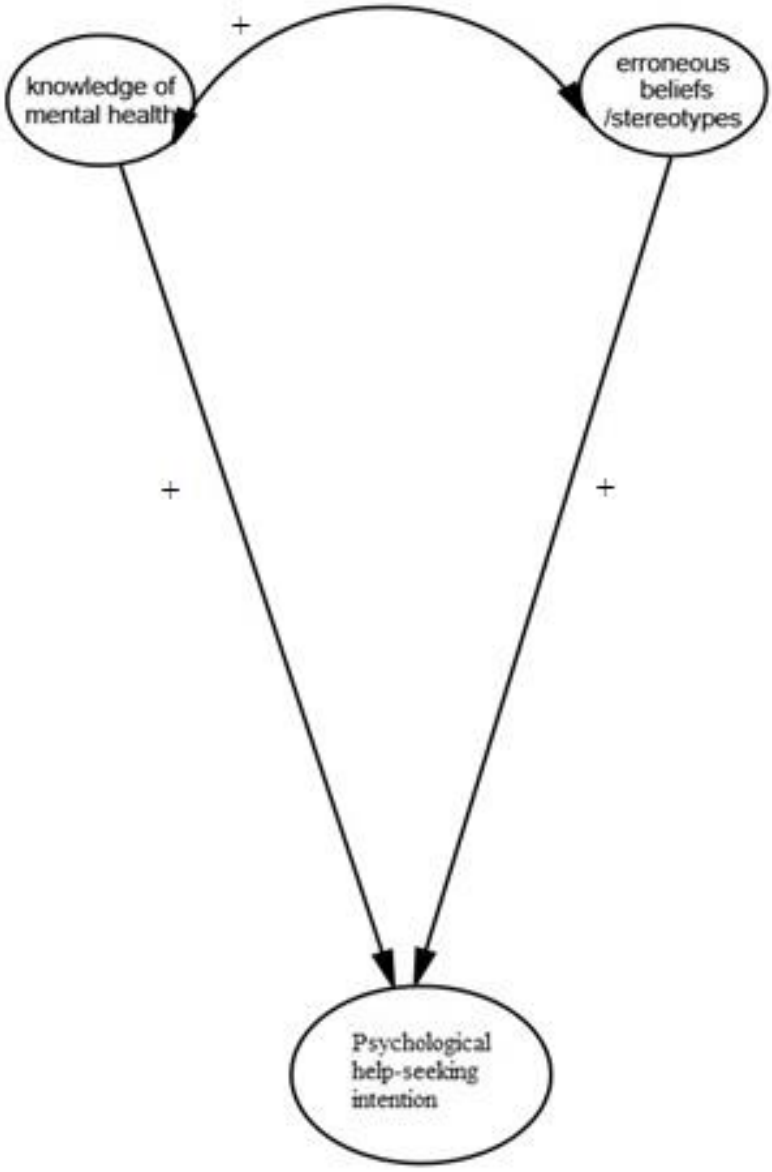


Figure 2

Indirect model level one: Structural relationships between the two dimensions of mental health literacy (Knowledge of mental health, erroneous beliefs / stereotypes) with the criterion variable psychological help-seeking intention, mediated by social stigma and the two dimensions of self-stigma (self-stigma threat and self-stigma support).

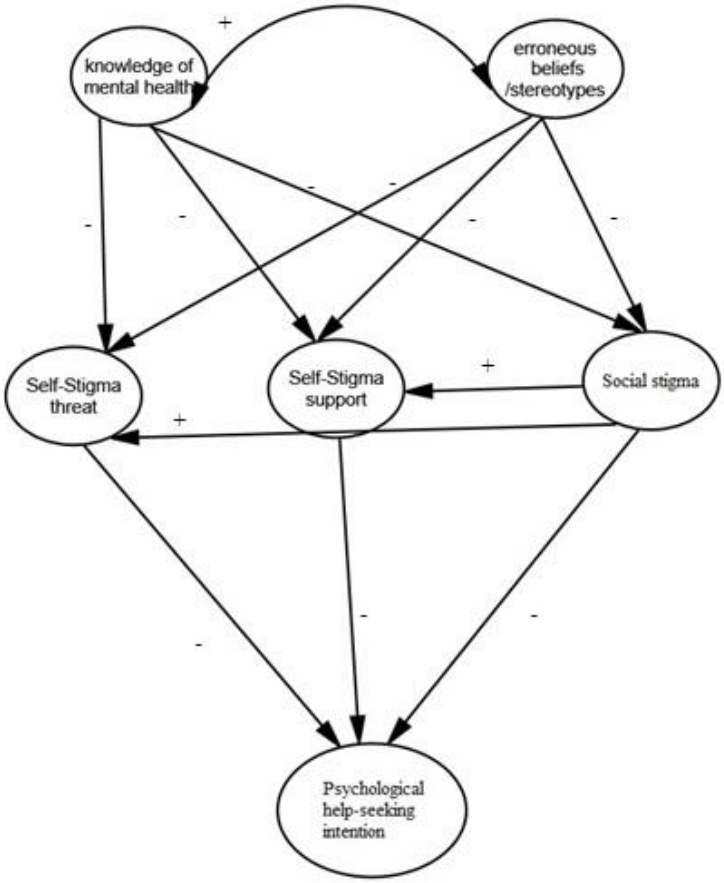


Figure 3

Indirect model level one and two: Structural relationships between the two dimensions of mental health literacy (Knowledge of mental health, erroneous beliefs / stereotypes) with the criterion variable psychological help-seeking intention, mediated by social stigma and the two dimensions of self-stigma (self-stigma threat and self-stigma support) and the two dimensions of attitudes toward seeking psychological help (recognition of personal need of professional help and confidence in the ability of the psychological professional to be of assistance)

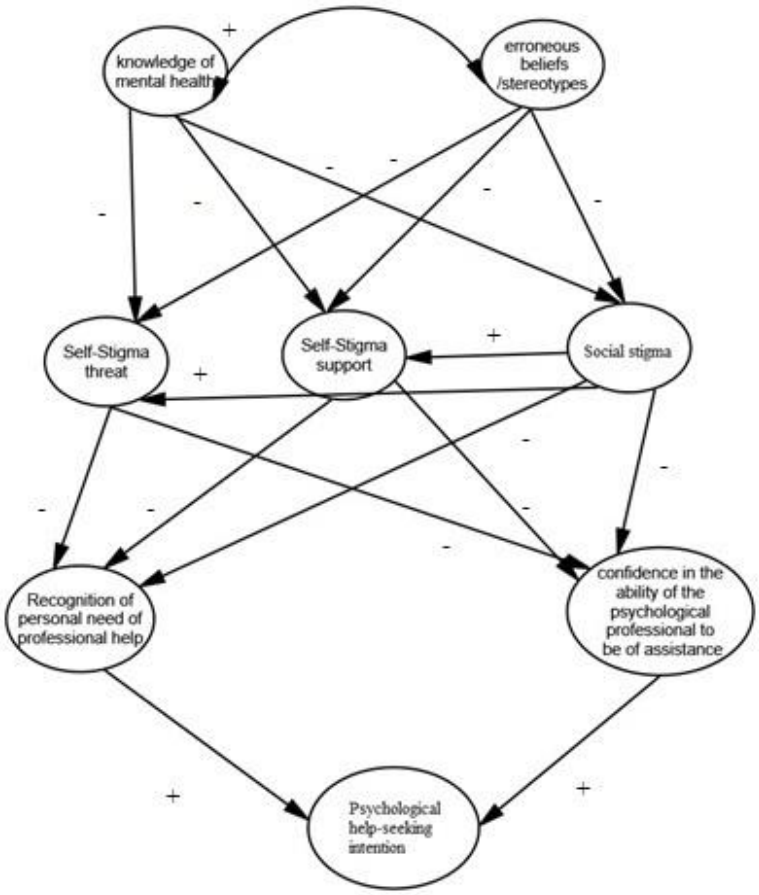
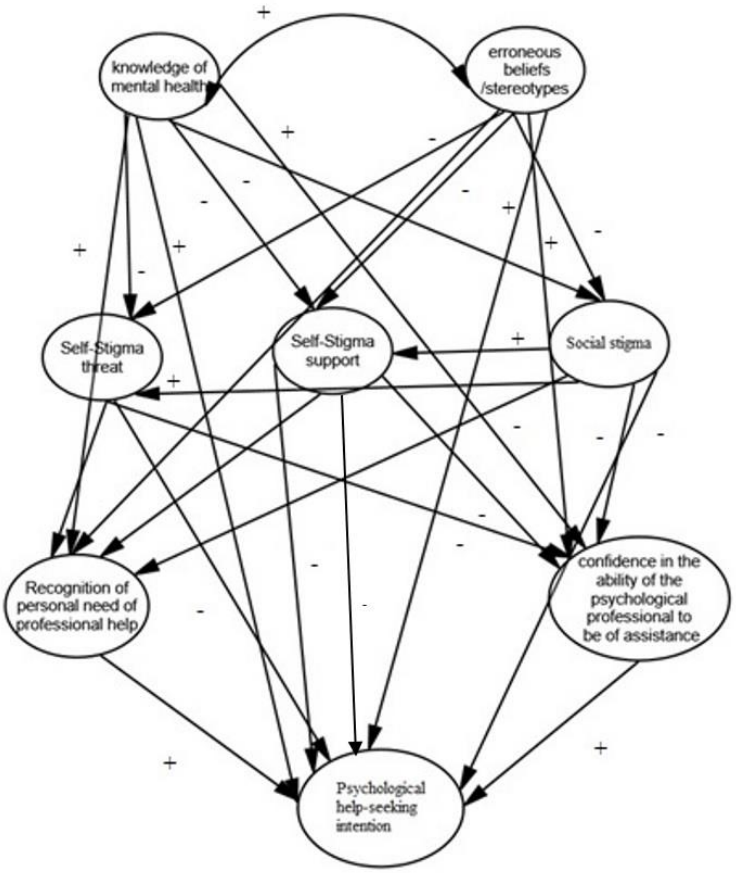


Figure 4

Full Path Model: structural relationships between the two dimensions of mental health literacy (Knowledge of mental health, erroneous beliefs / stereotypes) with the criterion variable psychological help-seeking intention, mediated by social stigma and two dimensions of self-stigma (self-stigma threat and self-stigma support) and the two dimensions of attitudes toward seeking psychological help (recognition of personal need of professional help and confidence in the ability of the psychological professional to be of assistance).



Data collection

In collecting the large sample, the services of a market research company were employed to facilitate the data collection procedure, and a convenience-based approach to sampling was adopted. A monetary incentive of an unspecified amount was provided by the company to the participants in the data collection procedure; all participants were currently enrolled in an undergraduate program at a university in Bangkok. The participants completed the survey online with the use of an online form.

Instruments

Employed questionnaires in this study were translated into the Thai language. A demographic questionnaire collected participant information on age, gender, religious beliefs,

and family. The survey questionnaire was prefaced with an informed consent form that expressed the intentions of the current study, confidentiality clauses, how it is structured, and any other details the students may need about this research. All necessary precautions were taken so that participants could not see the items of the research questionnaire without first giving explicit consent.

Mental Health Literacy Scale Young Adult format (Dias et al., 2018)

Mental Health Literacy Scale Young Adult format or MHLq Young Adults was developed to assess a general level of mental health literacy. It consists of 29 items covering four factors scored on a 5-point Likert scale ranging from 1 denoting "Strongly Disagree" to 5 denoting "Strongly Agree". It presents a 4-factor structure, with those being Knowledge of mental health problems (items 2, 9, 20, 22, 12, 3, 28, 16, 24, 27, 25), erroneous beliefs / stereotypes (items 11, 14 and reverse-scored items 21, 13, 6, 15, 10, 23), help-seeking and first aid skills (items 18, 4, 5, 8, 17, 29), and finally self-help strategies (items 1, 7, 19, 26). It was standardized on a sample of 356 college-aged individuals (with a total measure alpha value of 0.84), between the ages of 18 to 25, with the majority (88.6 percent) enrolled in an undergraduate program or attending a training program at a vocational school. Exploratory Factor Analysis (EFA) was conducted to assess the possible factor structure of the instruments based on the current sample. It was shown that all knowledge items converged into a single factor (simply just called knowledge), and so the original 4-factor structure turned into a simple (Knowledge and Erroneous Beliefs / Stereotypes) 2-factor structure. In this study, the instrument was reliable, with a total measure alpha value of 0.942.

Self-Stigma of Seeking Help scale

The Self-Stigma of Seeking Help Scale (Vogel et al., 2006) was employed In this study to measure the self-stigma for seeking treatment. This scale is unidimensional and consists of 10 items, out of which five will need to be reverse-scored (items 2, 4, 5, 7, 9). The items are measured on a five-point Likert-type scale, ranging from 1 denoting "strongly disagree" to 5 denoting "strongly agree". After reverse scoring, higher scores reflect greater levels of self-stigma for seeking help. The measure has been shown to possess good internal consistency (α between .86 to .90). This measure has also shown good test-retest reliability ($\alpha = .72$) and has been validated across six different cultures (Vogel et al., 2013). The results of the exploratory factor analysis indicated a 2-factor structure along the line of reverse-scored items. The findings aligned with the literature (Kaya et al., 2015). In this study, the instrument was reliable, with a total measure alpha value of 0.676.

Stigma Scale for Receiving Psychological Help

The Stigma Scale for Receiving Psychological Help (Komiya et al., 2000) was employed to measure the individual's perceived social stigma. There are five items in this scale, scored on a four-point Likert-scale, with anchors ranging from 0 denoting "strongly disagree" to 3 denoting "strongly agree". Higher scores indicate higher levels of perceived social stigma. This scale is unidimensional, and this one-dimensionality has been confirmed in the literature. It has been shown that this scale has an internal consistency of .73 in university samples (Komiya et al., 2000). The same measure in a sample of Turkish university students obtained a Cronbach's alpha value of 0.71 (Topkaya, 2014). Though It should be noted that the reliability of this measure has not always been above the .70 convention in the literature, a study on the effect of stigma on attitudes towards seeking professional help among college students in ten countries across the world demonstrated a reliability alpha value ranging from .61 to .76 (Vogel et al., 2017). The results of exploratory factor analysis presented the original unidimensional structure. In this study, the instrument was reliable, with a total measure alpha value of 0.828.

Attitudes Toward Seeking Professional Psychological Help-Short From

The Attitudes Toward Seeking Professional Psychological Help–Short Form (Fischer & Farina, 1995) was used in this study to measure participants' attitudes towards seeking psychological help. This scale is a shortened version of the original 29-item (Fischer & Turner, 1970) scale. This is a ten-item scale, out of which five are reverse-scored (2, 4, 8, 9, 10; indicating the trust in the profession and the professional dimension, also referred to as value and need in seeking treatment in the literature). Items 1,3,5,6,7 indicate the recognition of the need dimension, also referred to as openness to seeking treatment in the literature). It should be noted that in a number of studies, this scale comprises three factors (the third factor was referred to as preference to cope on one's own) (Picco et al., 2016). Items are scored on a Likert-scale ranging from 0 denoting "disagree" to 3 denoting "agree". Higher scores mean higher (more favorable) attitudes toward seeking psychological help. The result of correlation analysis between the revised, shortened form and the original 29-item form is .87, suggesting that they both measure a similar construct. Internal consistency analysis in the form of Cronbach's alpha value has shown great reliability with $\alpha = .84$. The results of exploratory factor analysis presented the original two-factor structure. In this study, the instrument was reliable, with a total measure alpha value of 0.842.

Mental Help-Seeking Intention Scale

The Mental Help-Seeking Intention Scale (Hammer & Spiker, 2018) is a brief measure of three items rated on a seven-point Likert scale. Higher scores indicate a higher intention to seek counseling. It is unidimensional and has been proven to possess strong internal reliability with Cronbach's alpha value of .94, and it has also exhibited strong predictive validity when compared to other similar measures, though its usage is still limited. The results of exploratory factor analysis presented the original unidimensional structure. In this study, the instrument was reliable, with a total measure alpha value of 0.915.

Data Analysis

This study used IBM SPSS Statistics for Windows, version 25, and IBM SPSS AMOS for Windows, version 24, to conduct data analysis. First, descriptive analysis was done to specify the mean and standard deviation of the study variables, followed by reliability analysis and exploratory factor analysis (EFA) (*n*=310). Next, confirmatory factor analysis (CFA) via AMOS was conducted to establish the validity of the measures (*n*=690). In the next step, four nested models were hypothesized in order to test the direct and indirect effects of mental health literacy on the students' intentions to seek mental health help, with the indirect effects being mediated, at two levels, by (level 1) social stigma and self-stigma and (level 2) attitudes towards seeking psychological help. Finally, four nested models (direct model, indirect model at level 1, indirect model at levels 1& 2, and full path model) were examined by multi-model path analysis via Structural Equation Modeling (SEM) to find the best fitting model based on the current sample (n=690).

Results

The majority of the participants in this study (*n*=1000) were men (52.7%), and in the 18 to 22 age group (83.8%), reported no history of mental health issues (68.2%), never sought help from a mental health professional (74.6%), and reported no knowledge of the existence of on-campus mental health facilities (50.6%) (Table 1).

Table 1

Demographics characteristics of the participants

Measure (*n*, %)	Total Sample 1000	100%	Reliability Analysis and EFA sample (Sample 1) 310	100%	CFA & SEM sample (Sample 2) 690	100%
Gender						
Male	527	52.7	170	54.8	357	51.7
Female	390	39.0	113	36.5	277	40.1
Other	83	8.3	27	8.7	56	8.1
Age						
18	211	21.1	59	19.0	152	22.0
19	208	20.8	57	18.4	151	21.9
20	167	16.7	58	18.7	109	15.8
21	149	14.9	53	17.1	96	13.9
22	103	10.3	28	9.0	75	10.9
23	50	5.0	19	6.1	31	4.5
24	40	4.0	12	3.9	28	4.1
25	72	7.2	24	7.7	48	7.0
History of mental illness						
Myself	123	12.3	39	12.6	84	12.2
Someone in the family	110	11.0	33	10.6	77	11.2
Myself and someone in the family	85	8.5	23	7.4	62	9.0
none	682	68.2	215	69.4	467	67.7
Seen a mental health professional						
Yes	254	25.4	79	25.5	175	25.4
No	746	74.6	231	74.5	515	74.6
Aware of any university mental health facilities						
Yes	494	49.4	142	45.8	352	51.0
No	506	50.6	168	54.2	338	49.0

Table 2 indicates that the mean mental health literacy score was 111.63 ± 17.14 out of a total score of 145, meaning the respondents presented high levels of mental health literacy. When it came to other scales in the study, out of a total score of 15, the mean for social stigma was 8.79 ± 3.71. The score for self-stigma was 26.97 ± 5.78 from a total score of 50, which meant that they were highly aware of the presence of such stigmas towards mental health help-seeking; at the same time, felt conflicted in dealing with the stigmas; attitudes were 18.86 ±

5.21 from a total score of 30 which meant respondents generally held unfavorable attitudes toward seeking psychological help; and the intention was 16.15 ± 3.45 from a total score of 21 which meant, at least as a hypothetical, they expressed intent in seeing a mental health professional for help.

Table 2

Mean, standard deviation (SD), and maximum possible scores of scales

Variables	Scales	Mean	SD	Max.
Mental Health Literacy	Mental Health Literacy Questionnaire-Young Adults form (MHLq-Young Adult)	111.63	17.14	145
Social Stigma	Stigma Scale for Receiving Psychological Help (SSRPH)	8.79	3.71	15
Self-Stigma	Self-Stigma of Seeking Help (SSOSH)	26.97	5.78	50
Attitudes	Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF)	18.86	5.21	30
Intentions	Mental Help Seeking Intention Scale (MHSIS)	16.15	3.45	21

Confirmatory factor analysis, using a Maximum Likelihood Analysis method of estimation, showed that each indicator fit well ($\chi 2/df = 4.043$, SRMR = 0.053, RMSEA = 0.066, PNFI = 0.671, GFI = 0.925, CFI = 0.947). Thus, the use of an eight-factor analysis model (including the two factors of mental health literacy, two factors of self-stigma, one factor of social stigma, two factors of attitude toward seeking psychological help, and one factor of psychological help-seeking intention) in this study was found to be robust.

Univariate and multivariate normality of the items were examined. Analysis of Moment Structure (AMOS, version 24.0) software was used to examine the multivariate normality of the data. Analysis indicated that all items presented a skewness value of less than one and a kurtosis value of less than two, which suggested that all study items were normally distributed. Similarly, analysis of multivariate outliers, using the Mahanalobis d-square statistics, indicated minimum evidence for serious multivariate outliers.

In order to test the hypothesized relationships, the proposed model for current research was divided into four nested models, aiming to investigate the direct effect, the mediation effect (Level 1 and 2), and the full path model. Model 1 was the direct model representing the direct structural linkage between mental health literacy (in the form of its two underlying factors, namely, knowledge and beliefs) and the criterion variable of psychological help-seeking intention. Model 2 was the indirect (mediation level 1) model, which hypothesized relationships between mental health literacy (in the form of its two underlying factors, namely, knowledge and beliefs) and the criterion variable of psychological help-seeking intention,

mediated by self-stigma (in the form of its two underlying factors, namely, support of ego and threat to ego), and social stigma. Model 3 was the indirect (mediation level 1 & 2) model, which hypothesized relationships between mental health literacy in the form of its two underlying factors: knowledge and beliefs. Furthermore, the criterion variable of psychological help-seeking intention is mediated (at level 1) by self-stigma in the form of its two underlying factors, namely, support of ego and threat to the ego, and social stigma, and (at level 2) by attitudes towards seeking psychological help in the form of its two underlying factors, namely, need and trust. Finally, model 4 was the full path model with all relationships present and accounted for, considered in one simultaneous analysis.

SEM analysis of the four hypothesized nested models and the resulting fit indices indicated that out of the hypothesized models, the full path model (model number 4) could meet the suggested criteria ($\chi 2/df = 3.946$, RMSEA = 0.065, TLI = 0.929, GFI = 0.925, CFI = 0.947). These fit indices, including the lower AIC value, indicated that the full path model provided an acceptable fit relative to the null or independence models and was more parsimonious and better fitting than the other models. This model, in the form of its resulting figure with significant path coefficients, is presented in Figure 5.

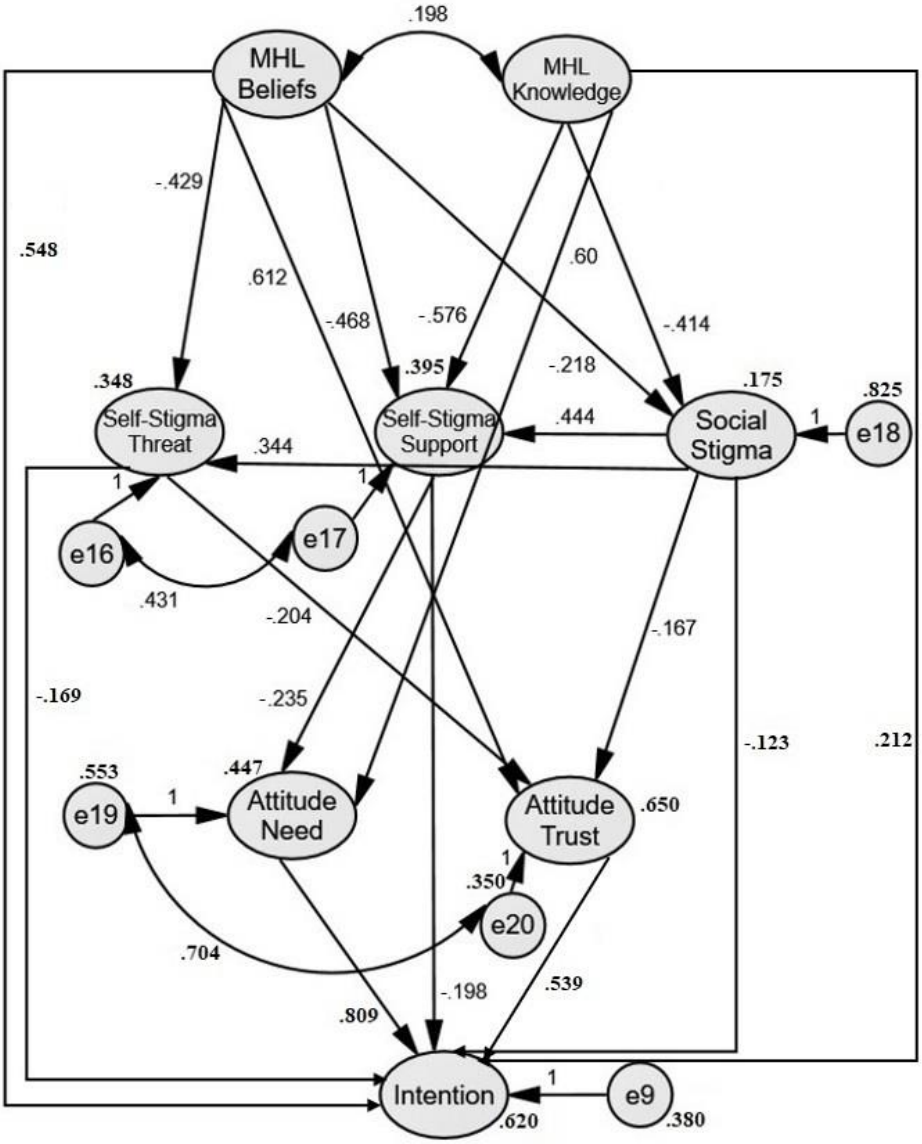
Table 3

Four nested models – fit indices

Model	$\chi 2/df$	GFI	CFI	TLI	RMSEA	90% CI	AIC
Direct Model	16.212	0.667	0.580	0.534	0.157	0.153-0.161	3829.91
Indirect Model Level 1	9.883	0.771	0.720	0.670	0.132	0.128-0.137	2665.74
Indirect Model Level 1&2	5.762	0.892	0.910	0.884	0.083	0.078-0.089	976.874
Full Path Model	3.946	0.926	0.948	0.929	0.065	0.060-0.071	690.440

Figure 5

Full path model (the best fitting model) with significant coefficients



The mental health literacy-beliefs variable had a negative effect on the level 1 mediator variables of social stigma, self-stigma support, and self-stigma threat (β= -.218, -.468 & -.429). Similarly, mental health literacy-knowledge had a negative effect on the mediator variables of social stigma and self-stigma support (β= -.414 & -.576), while its effect on self-stigma threat proved to be statistically non-significant. On the other hand, mental health literacy beliefs also showed a direct positive effect on attitude trust and the outcome variable of intention (β= .612, .548), in the same vein, mental health literacy-knowledge exhibited a direct positive effect on attitude need and intention (β= .60, .212).

The level 1 mediator variable of social stigma had a negative effect on level 2 mediator variable of attitude trust and the outcome variable of intention (β= -.167, -.123). Its effect on attitude needs proved to be statistically non-significant. Social stigma also showed a significant

positive effect on self-stigma support and self-stigma threat (β= .444, .344). The other level 1 mediator variables of self-stigma support showed a negative effect on the level 2 mediator variable of attitude need and the outcome variable of intention (β= -.235, -.198 respectively), while its effect on attitude trust proved statistically non-significant. Self-stigma threat showed a negative effect on the level 2 mediator variable of attitude-trust (β= -.204) and the outcome variable of intention (β= -.169). It should be noted that the correlation between the error terms of self-stigma threat and trust proved statistically significant.

Among the second-level mediator variables, the attitude needs an attitude trust both showed a positive, statistically significant, and strong effect on the outcome variable of intention (β= .809 & .539). It should be noted that the correlation between the error terms of attitude-need and trust proved statistically significant.

Discussion

A majority (68.2%) of participants reported as never having had an experience with mental health issues (whether themselves directly, or witnessing a family member indirectly), and a staggering 74.6% reported as having never sought mental health help in any form and also around more than half (50.6% to be exact) reported as having no idea about the presence of any mental health facility on-campus at their respective institutions.

Based on the findings from this study, the hypothesized model 4 (full path model), which posited that the two factors of mental health literacy had both direct and indirect effects on Thai undergraduate university students' psychological help-seeking intentions, mediated by the two factors of self-stigma and social stigma, and social stigma at the same time feeding into the two factors of self-stigma (mediation level 1) and the two factors of psychological help-seeking attitudes (mediation level 2), presented good/acceptable model fit measures (Table 3) and therefore could provide the best fitting explanation for the assumed relationships based on the target population.

The assumed effects within this model were in line with the literature. For example, the knowledge and the aspects of the beliefs of the mental health literacy concept had negative effect on social stigma and self-stigma and considering that a higher score on mental health literacy represents a higher awareness of mental disorders, these were in line with the literature that suggests the higher levels of awareness and knowledge of mental health issues leads to lower levels of perceived social stigma and self-stigma. It should also be noted that in contexts where mental health and its related issues are considered taboo, the higher awareness could cause results in the opposite direction and higher scores on mental health literacy are accompanied by middling scores on stigma (Lopez et al., 2018). Mental health literacy-knowledge also showed a direct and positive effect on attitude need (the recognition of the need for help aspect of the attitude) and consequently on the individual's psychological help-seeking

intentions (Bonabi et al., 2016). Mental health literacy beliefs also exhibited a direct and positive effect on the attitude of trust (trust in the profession and the professional aspect of the attitude) and the outcome variable of the individual's psychological help-seeking intention (Smith & Shochet, 2011).

The effect of social stigma on attitudes towards seeking professional psychological help observed in this study was also in line with the literature in that the perceived social stigma, through partial mediation (via self-stigma), and also directly can negatively influence one's attitude toward seeking psychological help and help-seeking intentions (Vogel et al., 2007), more specifically, in this study it was found out that social stigma directly influenced only one aspect of one's attitudes (trust; the trust in the profession and the professional aspect) while it exhibited no significant effect (whether positive nor negative) with the other aspect of one's attitude towards seeking psychological help (need; the recognition of the need for help).

Social stigma also, as supported by the literature, had a directly effect on self-stigma, in that one's perception of what others believe about mental health issues can directly influence their perception of themselves and cause a process of internalization of those perceived values (Vogel et al., 2007). In this study, in line with the literature, social stigma had a direct and positive effect on the two aspects of self-stigma (Ross et al., 2020).

Self-stigma, in the form of its two factors, self-stigma threat (feelings of inadequacy) and self-stigma support (threat to confidence), exhibited expected effects on different aspects of attitude toward seeking psychological help (Nam et al., 2013), in that the self-stigma support (threat to confidence) had a direct and negative effect on the attitude need (recognition of the need for help aspect of attitudes towards seeking psychological help), and also one's psychological help-seeking intention (Schnyder et al., 2017). The self-stigma threat (feelings of inadequacy) had a direct and negative effect on the attitude of trust (trust in the profession and the professional aspect of the attitude towards seeking psychological help) and the psychological help-seeking intention (Cheng et al., 2018).

When it came to the effect of attitude toward seeking psychological help on one's psychological help-seeking intentions, it turned out that the effect was significant and positive (Bitman-Heinrichs, 2017), with the attitude of need (recognition of the need for help aspect) and attitude trust (the trust in the profession and the professional aspect) both directly and positively influencing one's psychological help-seeking intention, and both effects exhibited were strong. The attitude scores indicated a negative (to neutral) attitude and were in line with reported results from other countries such as Fiji, Cambodia, China, Germany, and Ireland (Chen et al., 2020).

Conclusion and Recommendations

The full model managed to account for 62% of the variance in one's psychological help-seeking intention while accounting for 65% of the variance in attitude trust (the trust in the profession and the professional aspect) and 44.7% of the variance in the attitude need

(recognition of the need for help aspect of the attitude towards seeking psychological help). The same statistics painted a less than favorable picture for social stigma (at 17.5%), while results for the self-stigma threat (feelings of inadequacy) and self-stigma support (threat to confidence) aspects of self-stigma (at 34.8% and 39.5%, respectively) were middling. This suggests that the model, in line with the literature, was adequate in providing an explanation for and predicting the assumed relationships influencing one's psychological help-seeking intention (Armitage & Conner, 2001; Godin & Kok, 1996; McEachan et al., 2011; Sheeran, 2002), while at the same time it was less than adequate at predicting social stigma, and to a lesser extent self-stigma.

These results showed that the proposed effects of the two factors of mental health literacy and social stigma on the two factors of self-stigma, were not enough to provide an adequate explanation for social stigma and the aspects of self-stigma, which would necessitate the inclusion of variables other than just the mental health literacy in order for the model to achieve a satisfactory predictive power.

In practical terms, these numbers warrant some level of awareness on the part of the family members, university staff, and counselors to have these facts in mind when trying to assist a student, as the role of faith, family, and the societal collectivistic tendencies and the stigmas at play and their effects on student's attitude and consequently intention toward psychological help-seeking could have important ramifications for the nature of the assistance provided. For example, the model showed that what the students perceive others hold about mental health help-seeking (social stigma) directly influences them and causes a process of internalization of those perceptions (self-stigma); therefore, parents and immediate family members could act as the most influential source of the students' self-stigma and therefore could also be most helpful in driving them to seek help for mental health needs. In the case of counselors, any student that makes the effort to seek counseling should be looked at as a healthy skeptic, and the process and the benefits of counseling may be better explained by the counselors to alleviate any student concerns. The university staff could also help in organizing campaigns to raise awareness about stigma, its incarnations, and its effects, and also make the concepts of social stigma and self-stigma clear for the students and make sure the availability of mental health facilities on campus and the fact that it can be used free of charge is clearly communicated.

Limitations of The Study

This research focused only on undergraduate university students as its target population. In interpreting the results, this limitation should be considered, as other subsets of the general population could exhibit significant differences. It should also be noted that this study's sample was drawn from a single geographic area (Bangkok) and included a relatively limited number of variables to make the research feasible. Thus, extra care should be taken when interpreting the results and their applicability to other student populations, the greater Thai population, and other cultures. Questionnaires were all self-report types, and even though

the participants were reminded of the anonymity and confidentiality, they may still have given socially desirable responses. Data collection was done externally, with the help of a market research company and trust had to be put in a third party for hire, which could be cause for concern.

Avenues for Future Research

Considering the explained variance statistics for the social stigma and self-stigma concepts, factors other than mental health literacy must be included and investigated. This research employed a purely attitudinal model of help-seeking intention; it is important to consider other factors posited as the immediate determinants of intention in the original Theory of Planned Behavior, namely the subjective norms and the perception of control, as the literature has shown these also to be very culturally relative (Maekawa & Kanai, 2015; Mo & Mak, 2009). Conducting the same type of research but with a more nationally representative sample could also yield important results as it would not be limited to only a subset of the (student) population. Gender analysis is also of great interest to determine the emergence of gender-specific patterns.

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