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ORIGINAL ARTICLE

Mental Health Literacy and Help-Seeking Attitudes Among Medical Students at a Tertiary Care Teaching Institution in South India

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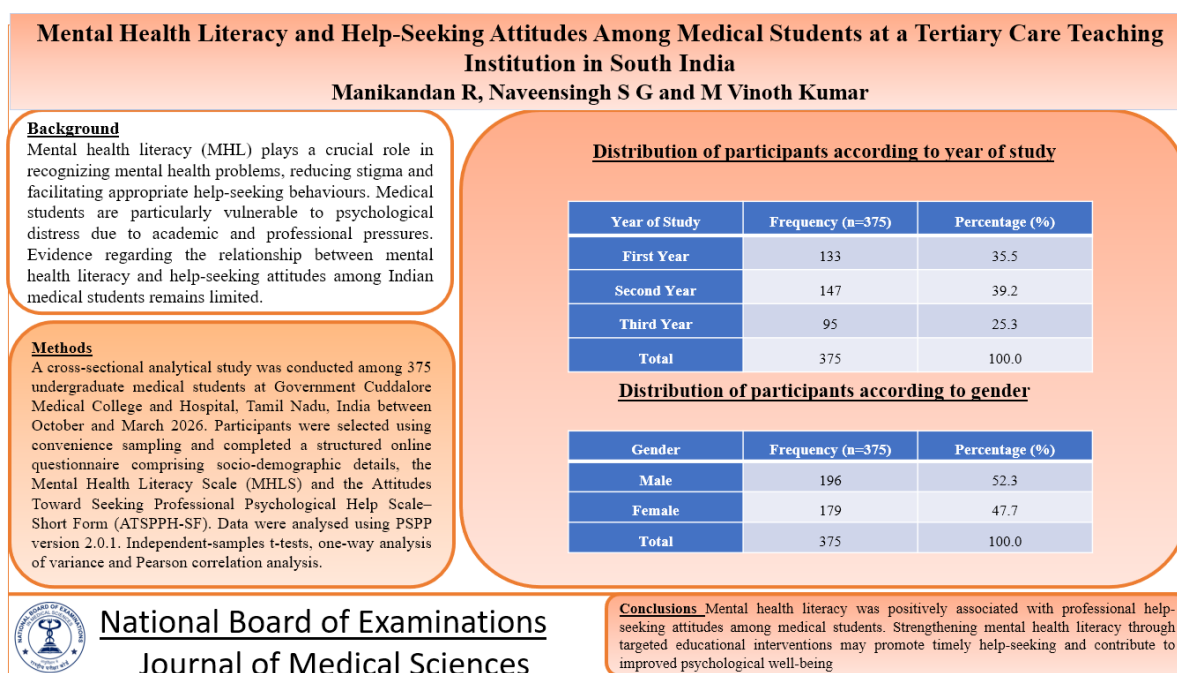
Abstract

Background: Mental health literacy (MHL) plays a crucial role in recognizing mental health problems, reducing stigma and facilitating appropriate help-seeking behaviours. Medical students are particularly vulnerable to psychological distress due to academic and professional pressures. Evidence regarding the relationship between mental health literacy and help-seeking attitudes among Indian medical students remains limited. **Methodology:** A cross-sectional analytical study was conducted among 375 undergraduate medical students at Government Cuddalore Medical College and Hospital, Tamil Nadu, India between October and March 2026. Participants were selected using convenience sampling and completed a structured online questionnaire comprising socio-demographic details, the Mental Health Literacy Scale (MHLS) and the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPH-SF). Data were analysed using PSPP version 2.0.1. Independent-samples t-tests, one-way analysis of variance and Pearson correlation analysis were performed with statistical significance set at $p < 0.05$. **Results:** The mean MHLS score was 110.27 ± 14.82 while the mean ATSPPH-SF score was 17.24 ± 5.42 . More than half of the participants (53.3%) demonstrated average mental health literacy and 58.4% reported positive help-seeking attitudes. Female students had significantly higher MHLS scores than males (113.56 ± 13.97 vs. 107.08 ± 14.84 , $p < 0.001$). No significant differences in mental health literacy or help-seeking attitudes were observed according to residence. Help-seeking attitudes differed significantly across academic years ($p = 0.045$). A moderate positive correlation was observed between mental health literacy and help-seeking attitudes ($r = 0.380$, $p < 0.001$). **Conclusions:** Mental health literacy was positively associated with professional help-seeking attitudes among medical students. Strengthening mental health literacy through targeted educational interventions may promote timely help-seeking and contribute to improved psychological well-being among future healthcare professionals.

Keywords: Mental Health Literacy, Help-Seeking Behaviour, Medical Students, Psychological Distress, Mental Disorders

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Graphical Abstract



Introduction

Mental health is an essential part of good health and forms a vital part of the fundamental rights of human beings. This includes emotional, psychological and social well-being and has an impact on how people perceive, think, interact with others, manage stressors, act and make important decisions in life [1,2]. Mental disorders form one of the major public health issues in the world contributing significantly to the burden of diseases. The World Health Organization estimates that one in every eight people around the world suffer from a mental disorder with anxiety disorders and depressive disorders being some of the most common illnesses [1,3]. Although there exist effective interventions for these disorders a huge proportion of people suffering from mental disorders lack access to adequate services especially in poorer nations [4,5].

Young adults and college students are an at-risk group when it comes to developing mental disorders owing to

academic stressors, societal changes, financial struggles, and future career uncertainties [6,7]. Medical students fall under this category of at-risk individuals because of the stressful and challenging conditions faced during their studies including prolonged periods of studying, immense academic pressures, regular examinations and encounters with illness and human suffering [8,9]. Several research studies have highlighted the increased incidence of mental illnesses among medical students including depression, anxiety, psychological distress, burnout and suicidal ideations [10–13]. In a systematic review Rotenstein et al. found that about one-fourth of the students enrolled in medical courses exhibited signs of depressive symptoms however very few sought professional advice [10]. On the other hand a meta-analysis conducted by Quek et al. revealed the high rate of anxiety problems among medical students around the world [11].

Although there is an increasing prevalence of mental health disorders among young people help-seeking behaviours are still insufficient. Due to such factors as the fear of being stigmatized, lack of information on seeking help, confidentiality issues, discrimination fears, cost considerations and mental health misperception many students who suffer from psychological conditions fail to seek mental health assistance [14–17]. The delay in help-seeking may lead to deteriorated psychological condition, diminished academic achievements, poor quality of life and higher risks of suicidal behaviour [18]. It is thus critical to investigate the reasons for poor help-seeking behaviours in order to create successful intervention strategies.

Mental health literacy has now been recognized as an important predictor for mental health and help seeking. Mental health literacy was initially described by Jorm et al. as "Knowledge and beliefs about mental disorders which aid their recognition, management or prevention" [19]. Mental health literacy encompasses recognition of specific mental disorders, knowledge of risk factors and causes awareness of self-help techniques and professional help for such disorders, attitudes that help in the recognition and help-seeking and ways of acquiring information regarding mental illnesses [20,21]. Mental health literacy is strongly correlated with mental health status and help seeking [22,23].

Studies have shown that mental health literacy is highly influential in the development of attitudes towards seeking help from professionals. People who are well-informed about mental illnesses tend to have higher awareness about their own symptoms, view therapy positively and seek help from professionals when

necessary [24,25]. On the other hand low levels of mental health literacy may lead to misunderstandings of what mental illnesses involve, stigmatization, reluctance to undergo therapy and negative views about mental health interventions [26,27]. Therefore, enhancing mental health literacy has emerged as an effective approach to tackling the treatment gap and fostering mental wellness in youth populations [21,28].

A number of studies carried out amongst university students have looked at the link between mental health literacy and help-seeking attitudes. Martina and Deepthi found that there is a positive correlation between mental health literacy and attitude towards seeking professional psychological help amongst college students in South India [29]. Likewise, Hussain and Zaini found that there is a positive correlation between mental health literacy and help-seeking attitudes amongst university students in the Maldives and self-stigma played an adverse role in the intention of seeking help [30]. Baklola et al. found that many Egyptian university students who needed mental health services did not seek any professional help despite suffering from psychological problems [31].

But there have been inconsistencies in previous studies as well. A recent study carried out on Nepali college students revealed no link between mental health literacy and attitudes towards mental illness indicating the impact of sociocultural and demographic characteristics on mental well-being and behaviour [32]. This diversity shows that the connection between mental health literacy and help-seeking behaviour may vary from culture to culture.

Mental health disorders significantly add to the disease burden of

the country, but a large gap exists in treatment. It was revealed in the National Mental Health Survey that up to 80-90% of people suffering from mental health disorders fail to receive appropriate treatment primarily because of inadequate knowledge and stigma associated with it [33]. In the case of medical students who would be future physicians appropriate mental health literacy is especially crucial not only for maintaining their own mental well-being but also for developing positive attitudes towards mentally ill patients and ensuring proper referral in the clinical context [34,35]. However, research on the matter is scarce in the context of Indian medical students, particularly those from Tamil Nadu.

Moreover despite previous research on mental health literacy, stigmatization and mental health help-seeking, very little work has been done on assessing the link between mental health literacy and mental health help-seeking attitudes amongst medical students with the help of validated measures like MHLS and ATSPPH-SF [24,29,30]. It is crucial to understand this link because it will help us design educational interventions that raise mental health awareness, lessen stigmatization and facilitate mental health help-seeking.

Thus, the current research has been carried out to determine the extent of mental health literacy and help-seeking attitude of medical students as well as the correlation between these two factors in relation to certain socio-demographic factors. It is expected that the results will offer important information regarding the mental health literacy of future health care providers.

Materials and Methods

Study Design and Setting

This is an analytical cross-sectional study which was performed on the undergraduate students in medicine studying at the Government Cuddalore Medical College & Hospital (GCMCH), Chidambaram, Tamil Nadu, India. This study was done over a period from October 2025 to March 2026. This study was aimed at finding the association of mental health literacy and attitude towards psychological counselling among medical students with certain socio-demographic factors.

Study Population

The participants were the students of Bachelor of Medicine and Bachelor of Surgery (MBBS) who were enrolled in Government Cuddalore Medical College and Hospital. The students in their first year, second year and third year of MBBS program were selected as the study population. All the students who agreed to take part in the study and gave their consent were chosen for the study. Excluded from the study were interns, non-medical students and those unwilling to participate in the study.

Sample Size and Sampling Technique

The sample size calculation was done through the application of the formula for single population proportion which is $n = Z^2pq/d^2$. A prevalence rate of 58% was assumed considering that the results from another study done among college students yielded the same result. Given a confidence level of 95% ($Z = 1.96$), an acceptable margin error of 5% and a prevalence of 0.58, the minimum sample size needed was determined to be 375 respondents. Convenience sampling technique was utilized in obtaining respondents.

Data Collection Instruments

The data collection method involved the administration of structured and self-report questionnaires administered via Google Forms. The questionnaire comprised three main sections. The first part involved the gathering of demographic information such as age, gender, year of study and place of residence. The second part of the questionnaire involved the assessment of mental health literacy which was done using the Mental Health Literacy Scale (MHLS) which is a tool devised by O'Connor and Casey to measure an individual's knowledge, comprehension and beliefs related to mental health conditions and possible treatments. The last section involved the measurement of attitudes towards seeking professional psychological help through the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPH-SF) designed by Fischer and Farina.

Study Procedure

The rationale behind carrying out this study was communicated to prospective subjects prior to starting data collection. Students willing to take part signed an informed consent form online prior to gaining access to the survey. Survey invitations were sent via the appropriate university communication channels and social media sites frequented by the target group. Data were collected anonymously to guarantee privacy and ensure candid responses from all the subjects. The survey took about 10–15 minutes to complete.

Statistical Analysis

Data was inputted in Microsoft Excel and then analysed using PSPP Statistical Software Version 2.0.1. Categorical data were analysed using frequencies and percentage while continuous data were reported as mean $\pm$ Standard Deviation. Normality tests were carried out on continuous data before conducting inferential tests. Comparison of means of mental health literacy and help seeking attitude between two categories (gender and place of residence) was done using independent-sample t-tests. On the other hand comparison of means across years was done using one-way ANOVA. The correlation coefficient was computed using Pearson's test to measure the correlation between mental health literacy and help-seeking attitude. Statistical significance was defined as a p-value less than 0.05.

Ethical Considerations

The present study adhered to the guidelines mentioned in the Declaration of Helsinki for ethical practices. Approval for conducting the study was sought from the institutional board prior to beginning the study. Participation was purely voluntary and written informed consent was sought from all participants prior to gathering data. There was no use of any personal identifiers, and the answers provided were kept confidential. The participants were informed that they had the option of dropping out of the study at any point without facing any repercussions.

Results

From Table 1 below it can be observed that out of 375 students involved in the study there were 147 students (39.2%) from second year these formed the

greatest number of students taking part in the study. The number of first-year students was 133 (35.5%) while 95 (25.3%) students were from third year.

Table 1. Distribution of participants according to year of study

Year of Study	Frequency (n=375)	Percentage (%)
First Year	133	35.5
Second Year	147	39.2
Third Year	95	25.3
Total	375	100.0

The gender distribution of the participants of the study can be seen in Table 2 below. From 375 participants 196 (52.3%) were males and 179 (47.7%)

females thus showing that there was relative equality between male and female students.

Table 2. Distribution of participants according to gender

Gender	Frequency (n=375)	Percentage (%)
Male	196	52.3
Female	179	47.7
Total	375	100.0

The distribution of gender per year of study is highlighted in Table 3 below. For third-year students, 62 (46.3%) were males and 71 (53.7%) females. For second-

year students 69 (46.9%) were males and 78 (53.1%) females. While for first-year students 47 (49.6%) were males and 48 (50.4%) females.

Table 3. Distribution of gender according to year of study

Year of Study	Male n (%)	Female n (%)
Third Year	62 (46.3)	71 (53.7)
Second Year	69 (46.9)	78 (53.1)
First Year	47 (49.6)	48 (50.4)

As evident from Table 4, 223 (59.5%) participants resided in urban areas while 152 (40.5%) participants lived in

rural areas. Hence urban residents formed the majority group in the study sample.

Table 4. Distribution of participants according to place of residence

Residence	Frequency (n=375)	Percentage (%)
Rural	152	40.5
Urban	223	59.5
Total	375	100.0

Distribution of place of residence according to year of study is depicted in Table 5. Third-year students comprised of 88 (66.3%) participants residing in urban areas and 45 (33.7%) participants residing in rural areas. On the other hand among

first-year students there were 83 (56.4%) urban residents and 64 (43.6%) rural residents. In addition, for second-year students 55 (57.8%) participants resided in urban areas, whereas 40 (42.2%) participants resided in rural areas.

Table 5. Distribution of residence according to year of study

Year of Study	Rural n (%)	Urban n (%)
Third Year	45 (33.7)	88 (66.3)
First Year	64 (43.6)	83 (56.4)
Second Year	40 (42.2)	55 (57.8)

Descriptive statistics for the scores obtained on MHLS and ATSPPH-SF scales are described in Table 6. The scores obtained by participants on MHLS varied between 62 and 160 with an average score

of 110.27 ± 14.82 . Likewise, participants ATSPPH-SF scale scores varied between 0 and 30 with an average score of 17.24 ± 5.42 .

Table 6. Descriptive statistics of MHLS and ATSPPH-SF scores

Variable	Minimum	Maximum	Mean	Standard Deviation
MHLS Score	62	160	110.27	14.82
ATSPPH-SF Score	0	30	17.24	5.42

Table 7 illustrates the distribution of participants with regard to MHLS score categories. The number of participants who showed average mental health literacy constituted the majority with a total of 53.3%. High mental health literacy was exhibited by 84 participants (22.4%) and

low mental health literacy was shown by 72 participants (19.2%). Very low mental health literacy level was found among 11 participants (2.93%) while very high MHLS was recorded among 8 (2.13%) participants.

Table 7. Distribution of participants according to Mental Health Literacy Scale scores

MHLS Score Category	Score Range	Frequency (N=375)	Percentage (%)
Very Low	60–80	11	2.93
Low	81–100	72	19.20
Average	101–120	200	53.30
High	121–140	84	22.40
Very High	141–160	8	2.13
Total	—	375	100.00

The distribution of mental health literacy levels with regard to year of study is illustrated in Table 8. The largest number of participants in each year of study fell into the average MHLS category with 80 participants from the first year 75 participants from the second year and 45

participants from the third year. The high MHLS category consisted of 28 participants in the first year 31 participants in the second year and 25 participants in the third year. Very high MHLS was rare among all years of study.

Table 8. Distribution of Mental Health Literacy Levels According to Year of Study (N = 375)

MHLS Score Category	First Year (n=133)	Second Year (n=147)	Third Year (n=95)	Total (N=375)
Very Low (60–80)	3	6	2	11
Low (81–100)	21	30	21	72
Average (101–120)	80	75	45	200
High (121–140)	28	31	25	84
Very High (141–160)	1	5	2	8
Total	133	147	95	375

As indicated in Table 9 a positive attitude towards professional psychological help-seeking was found among 219 (58.4%) participants while a negative

attitude towards professional psychological help-seeking was found among 156 (41.6%) participants.

Table 9. Distribution of Participants Based On ATSPPH-SF Score

Help-Seeking Attitude	Frequency (N = 375)	Percentage (%)
Negative Attitude	156	41.6
Positive Attitude	219	58.4
Total	375	100.0

Table 10 depicts the attitude towards professional psychological help in accordance with the year of study. Thus, positive attitudes towards receiving help from professionals were noted in 77 (57.9%) first-year students 90 (61.2%)

second-year students and 52 (54.7%) third-year students. At the same time negative attitudes were found in 56 (42.1%) first-year students 57 (38.8%) second-year students and 43 (45.3%) third-year students.

Table 10. Distribution of Help-Seeking Attitudes (ATSPPH-SF) According to Year of Study (N = 375)

Year of Study	Positive ATSPPH-SF Score n (%)	Negative ATSPPH-SF Score n (%)	Total
First Year (n=133)	77 (57.9)	56 (42.1)	133
Second Year (n=147)	90 (61.2)	57 (38.8)	147
Third Year (n=95)	52 (54.7)	43 (45.3)	95
Total (N=375)	219 (58.4)	156 (41.6)	375

The relationship between mental health literacy and gender can be seen from Table 11. Thus, MHLS values among female students were higher (113.56 ± 13.97) compared with males ($107.08 \pm$

14.84). An independent-samples t-test revealed that the difference between the two groups was statistically significant ($t = -4.33$, $df = 373$, $p < 0.001$).

Table 11. Association between mental health literacy and gender

Gender	n	Mean MHLS Score	SD	t-value	df	p-value
Male	196	107.08	14.84	-4.33	373	<0.001
Female	179	113.56	13.97			

Table 12 depicts the relationship between mental health literacy and location. In particular the mean MHLS score in the sample of rural respondents was

109.01 ± 14.77 , while for those living in cities the average value was 110.96 ± 14.84 . The difference was not statistically significant ($t = -1.25$, $df = 373$, $p = 0.213$).

Table 12. Association between mental health literacy and residence

Residence	n	Mean MHLS Score	SD	t-value	df	p-value
Rural	152	109.01	14.77	-1.25	373	0.213
Urban	223	110.96	14.84			

According to Table 13 the average MHLS was 110.54 ± 12.42 for first year students 109.31 ± 16.55 for second-year students and 110.94 ± 15.23 for third-year students. There was no statistically

significant difference in terms of mental health literacy levels between the three academic years ($F = 0.41$, $p = 0.661$) according to one-way analysis of variance.

Table 13. Association between mental health literacy and year of study

Year of Study	n	Mean MHLS Score	SD	F-value	p-value
First Year	133	110.54	12.42		
Second Year	147	109.31	16.55	0.41	0.661
Third Year	95	110.94	15.23		

Help-seeking attitude and gender association is indicated in Table 14. The average ATSPPH-SF score of female students was slightly higher (17.66 ± 5.31)

than that of male students (16.85 ± 5.51). There was no statistically significant difference between the groups ($t = -1.46$, $df = 373$, $p = 0.145$).

Table 14. Association between help-seeking attitude and gender

Gender	n	Mean ATSPPH-SF Score	SD	t-value	df	p-value
Male	196	16.85	5.51	-1.46	373	0.145
Female	179	17.66	5.31			

Table 15 highlights the association between help-seeking attitude and residence. Those who resided in rural areas had a mean ATSPPH-SF score of 17.37 ± 4.89 whereas those who stayed in urban

areas had an average score of 17.15 ± 5.77 . There was no statistically significant difference between the two categories ($t = 0.39$, $df = 373$, $p = 0.700$).

Table 15. Association between help-seeking attitude and residence

Residence	n	Mean ATSPPH-SF Score	SD	t-value	df	p-value
Rural	152	17.37	4.89	0.39	373	0.700
Urban	223	17.15	5.77			

According to Table 16, the average ATSPPH-SF scores ranged from 16.34 ± 5.73 (first-year students) to 17.94 ± 5.38 (second-year students) and 17.38 ± 4.87 (third-year students). It was found that there

was a statistically significant difference in the help-seeking attitude scores in three different academic years ($F = 3.12$, $p = 0.045$) and students of the second year scored the highest points on average.

Table 16. Association between help-seeking attitude and year of study

Year of Study	n	Mean ATSPPH-SF Score	SD	F-value	p-value
First Year	133	16.34	5.73		
Second Year	147	17.94	5.38	3.12	0.045
Third Year	95	17.38	4.87		

Table 17 illustrates the relation between mental health literacy and help-seeking attitude. As indicated by Pearson correlation analysis MHLS and ATSPPH-SF scores showed a statistically significant

positive correlation ($r = 0.380$, $p < 0.001$). In other words, the greater students level of mental health literacy the more positively they regarded professional psychological assistance.

Table 17. Correlation between mental health literacy and help-seeking attitude

Variables	n	Pearson Correlation (r)	p-value
MHLS Score vs ATSPPH-SF Score	375	0.380	<0.001

Discussion

In the current study the association between mental health literacy and attitudes towards seeking psychological professional help was examined for undergraduate medical students and the relation between these two constructs was analysed. The results have shown that most of the participants showed average mental health literacy, over 50% were characterized by positive help-seeking attitudes females were found to show significantly higher mental health literacy levels compared to male counterparts and there was a statistically significant positive association

between mental health literacy and help-seeking attitudes.

The average MHLS score obtained in the current study was 110.27 ± 14.82 where over half of the participants had average mental health literacy. Based on this result one can deduce that even though medical students have a relatively good grasp of mental health there is still a lot that needs to be done. In this regard it should be mentioned that similar results were recorded among university students from both Australia and the United Kingdom here mental health literacy was described as being moderate as opposed to being ideal even though the individuals belonged to

very educated societies [22,23]. As pointed out by Furnham et al., university students commonly have partial knowledge of mental disorders and treatment [35]. The reason why medical students only had average mental health literacy is because of poor formal learning concerning the subject matter and societal perceptions [21,23].

About one-fourth of participants had high literacy regarding their mental health status while very few showed extremely high literacy scores. This is in accordance with observations made by O'Connor and Casey who noted a significant disparity in mental health literacy among well-educated individuals [24]. Likewise, Wei et al. observed notable differences in the literacy scores of students with regard to their mental health thereby indicating that educational experiences may not always contribute to mental health literacy [25]. The low number of students with very high mental health literacy may be an indication of ineffective mental health education at an undergraduate level [21,25].

Over fifty percent of the respondents in the current study exhibited positive attitudes towards seeking professional psychological treatment. This result is promising in light of the psychological stress that often affects medical students along with barriers to seeking help. Martina and Deepthi found similar results when reporting on the help-seeking attitudes of South Indian college students, which were positive among a majority of the respondents [29]. Likewise Hussain and Zaini described the help-seeking attitudes of students in universities of the Maldives as being generally positive even though stigma still played a role in their willingness to seek help [30]. The relatively positive attitudes displayed in our study might be due to increased mental

health awareness and information access through the Internet [21,30].

Although the majority of attitudes were positive many students within this particular study sample still exhibited negative attitudes toward seeking professional assistance. Such results correlate with the existing literature on barriers such as stigma, fear of judgment, confidentiality problems and uncertainty about efficacy of professional services [14-18]. Stigma and embarrassment have been found to be significant barriers preventing young people from seeking professional mental health care services by Gulliver et al. [15]. Similarly, according to Eisenberg et al., social stigma and peer pressure often deter college students from seeking professional psychological help when such opportunities are available [17]. It can be concluded that simply raising awareness may not be enough and additional steps may need to be taken [26,27].

One significant finding of the current research is that mental health literacy among female students is notably higher than among male students. These differences between males and females have been identified in multiple other studies. For example, according to Reavley & Jorm females usually show better recognition of mental illnesses and more positive attitudes towards mental illness treatment than men [22]. In a similar study by Hussain & Zaini higher mental health literacy rates were found among females at universities. This was explained by their increased emotional awareness and readiness to learn about mental health issues [30]. Higher mental health literacy rates among females can be caused by increased willingness to discuss emotions, use health information resources and

participate in mental health awareness campaigns [22,30].

On the other hand no noticeable gender disparity was noted in the area of attitudes towards seeking help in the current study. Such a finding is in contrast with some studies in which more positive attitudes towards seeking help were found among the female participants [16,29]. The reason for such an occurrence might be the gradual normalization of talking about mental health issues by both males and females in the modern setting of medical schools [21,34].

No relationship was found between the residence of the respondents and mental health literacy or attitudes towards seeking help for mental illness in the present study. This result has also been observed in previous studies involving university students where education had a stronger effect on mental health knowledge compared to the geographical location of the students [23,30]. This lack of difference in the rural/urban areas could be attributed to the similarity in the academic background of the students, medical course structure and internet-based access to mental health information [21,35].

Similarly, there were no statistical variations in mental health literacy among the three years. This result contradicts the assumption that there should be progressive improvement in mental health literacy due to advancement in medical training. Several previous studies have indicated conflicting results on the effect of academic year on mental health literacy. Although some studies showed positive correlation between academic exposure and mental health literacy others found almost no differences among various levels of academic exposure [23,24]. The lack of any statistically significant result in the current

study could mean that there is inadequate integration of mental health education in the early undergraduate training program [21,24].

Remarkably help-seeking attitudes varied markedly with respect to the level of academic year with second-year students scoring higher than other levels on average. While very few studies have explored year-wise differences in help-seeking attitudes in medical students some earlier studies indicate that academic burden, examination anxiety, and coping with the demands of the medical curriculum could impact help-seeking attitudes [8,9]. Second-year students may have greater knowledge about various forms of help available to them without having too many clinical duties compared to other academic levels.

The main outcome of the current study was a statistically significant positive correlation between mental health literacy and attitude towards seeking psychological help. Individuals who showed high levels of mental health literacy tended to demonstrate more positive attitudes towards seeking professional help. This result corroborates the theory put forward by Jorm and states that mental health literacy promotes recognizing the problem and encourages help-seeking behaviour [19,20]. Other authors found a similar positive association between mental health literacy and help-seeking attitudes for example Martina and Deepthi among South Indian college students and Hussain and Zaini among Maldivian university students [29,30]. These findings contribute to the scientific literature which shows that increased awareness about mental health problems helps overcome stigmatization and seek professional help [21,28].

The results obtained in this study carry a great significance in relation to

medical education. Being the future healthcare practitioners, medical students have a vital responsibility for diagnosis, treatment and referral of patients suffering from mental disorders. Improved mental health literacy can not only positively impact the psychological state of the students but can also enhance their skills for dealing with mental health issues among clinical patients [21,34]. The integration of mental health literacy programs, stigma reduction activities, peer support systems and mental health education into the medical curriculum can be of significant benefit [28,34].

The current findings have important bearing on undergraduate medical education. It is recommended that universities include mental health literacy modules within the competency based curriculum for medical colleges that include the ability to recognize various mental conditions, reduce stigma, manage stress and seek appropriate assistance facilities. Orientation programs at the start of college for incoming students, conducting workshops, using simulation training for mental health cases, providing peer-support programs and taking part in Mental Health First Aid trainings can increase their knowledge and understanding of mental health issues. Universities should also focus on improving their confidential counselling services for students, develop faculty mentor programs, conduct frequent screenings and awareness campaigns, and hold wellness programs throughout the year.

Conclusion

This study brings into limelight the importance of mental health literacy in influencing the attitudes towards seeking

professional help for any psychological problem. It emphasizes the need for mental health awareness, mental health stigma reduction and appropriate support system integration into undergraduate medical education in order to create a positive environment of mental health literacy among the medical students. Improvement in such skills through proper education can be beneficial for the students not only in improving their own psychological condition but also in being able to detect and manage mental problems in their future practices. There should be further multi-centre studies in the matter to explore more about the issue.

Statements and Declarations

Conflicts of interest

The authors declare that they do not have conflict of interest.

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