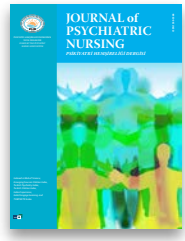
JOURNAL OF
PSYCHIATRIC NURSING

DOI: 10.14744/phd.2025.92260
J Psychiatric Nurs 2025;16(2):96-106



Original Article

Mental health literacy level and barriers to seeking mental health counseling in adults

Ebru Beyazel,[1] Gülcan Kendirkıran[2]

[1]Department of Nursing, Prof. Dr. Seval Zeren Güngör Clinic, İstanbul, Türkiye
[2]Department of Nursing, Haliç University Faculty of Health Sciences, İstanbul, Türkiye

Abstract

Objectives: This study was conducted to examine the level of mental health literacy and the barriers to seeking mental health counseling in adults.

Methods: The study employed a descriptive and cross-sectional design. Data were collected between January 2, 2023, and March 31, 2023, by reaching individuals across Turkey through online platforms such as Facebook, Instagram, and WhatsApp, using Google Forms and snowball sampling. The data collection process was completed with 348 participants. The Personal Information Form, Mental Health Literacy Scale, and Barriers to Seeking Mental Health Counseling Scale were used for data collection.

Results: The mean score of the Mental Health Literacy Scale (12.37±3.14) was average, while the mean score for the Barriers to Seeking Mental Health Counseling Scale (70.46±20.94) was below average. A negative correlation was found between mental health literacy and barriers to seeking mental health counseling ($p<0.05$).

Conclusion: Among the barriers to seeking mental health counseling, the most critical factors affecting mental health literacy levels were lack of knowledge, limited access to resources, negative perceived value, emotional discomfort, and cultural barriers. It is recommended that future studies more comprehensively identify these barriers and the influencing factors.

Keywords: Barriers; counseling; literacy; mental health; nursing

Mental health literacy provides the knowledge base necessary for mental health promotion, prevention, and care of disorders. It creates a comprehensive structure by focusing on improving both mental health and mental health care outcomes using these core components.[1] Mental health literacy is not only about knowing mental health but also about envisaging improvements and enhancements in community mental health in light of this information.[2] Improving mental health literacy contributes to individuals seeking and receiving counseling.[3] Counseling has an important place in mental health literacy.[4] Enhancing the mental health literacy level of individuals in society contributes to the early diagnosis of psychological disorders and the determination of appropriate interventions.[1]

Early identification and intervention of psychological distress is critical to alleviating the negative consequences and symptoms of untreated mental illness.[5] Help-seeking behaviour is a fundamental part of mental health literacy, and access to personalised and appropriate care is vital to improving mental health.[6] Many issues such as social stigma, limited access

This study was presented as a master's thesis by Ebru Beyazel, under the supervision of Assistant Professor Gülcan Kendirkıran, at Halic University Graduate Education Institute, Department of Nursing, and this study was presented as oral presentation at 7th International 11th National Psychiatric Nursing Congress.

Address for correspondence: Gülcan Kendirkıran, Haliç Üniversitesi Sağlık Bilimleri Fakültesi, Hemşirelik Anabilim Dalı, İstanbul, Türkiye
Phone: +90 534 594 32 37 **E-mail:** gulcank_87@hotmail.com **ORCID:** 0000-0002-3243-9590

Submitted Date: November 19, 2024 **Revised Date:** April 09, 2025 **Accepted Date:** June 01, 2025 **Available Online Date:** June 30, 2025
Journal of Psychiatric Nursing - Available online at www.phdergi.org

to services, negative perceptions of therapeutic relationships, and lack of mental health information prevent individuals from seeking help.[4] Stigmatisation, the biggest obstacle to seeking treatment and help, causes severe depression, loss of status, unemployment, homelessness, severe isolation, shame, and low self-esteem. Individuals also face poor medication compliance and more frequent relapses due to stigmatisation.[7] Stigmatisation at the societal level stems from the lack of knowledge about the causes, symptoms, and treatment options.[8] This negative attitude within society significantly diminishes individuals' recovery and quality of life.[9] Although individuals seek information on issues related to mental health, they may be hesitant to discuss the issue with others or to examine it due to stigma. Sometimes, the information they read can be misunderstood. The findings obtained as a result of this study can pave the way for processes that mental health and psychiatric nurses will prepare to educate the society and inform patients/patient relatives about mental health literacy, and to increase the level of mental health literacy. For these reasons, this study aimed to determine the mental health literacy level and barriers to seeking mental health counseling in adults.

Research Questions

In this study, answers were sought to the following questions:

- What is the level of mental health literacy in adults?
- What are the barriers to seeking mental health counseling in adults?
- Is there a relationship between the level of mental health literacy in adults and the barriers to seeking mental health counseling?

Materials and Method

Study Design

This study was conducted in a descriptive and cross-sectional design to examine the level of mental health literacy and the barriers to seeking mental health counselling in adults.

Study Sample

The universe of this study consisted of all adults over the age of 18 in Türkiye. G*Power 3.1.9.4 package program was used for sample size calculation. To consider a significant relationship between mental health literacy and mental health counselling seeking scores in adults, at least 320 participants were deemed necessary when the r value was accepted as 0.20, the probability of error as 0.05, and the study's power as 0.95. The data collection process was completed with 348 participants. Inclusion criteria are: i) being able to answer the questions independently, ii) being able to use at least one of the online platforms to fill out the survey, iii) being 18 years of age or older.

What is presently known on this subject?

- Factors that negatively affect individuals, such as stigma, prevent the search for information about mental health.

What does this article add to the existing knowledge?

- Among the barriers to seeking mental health counselling, the most critical factors affecting the level of mental health literacy were lack of knowledge, lack of access, negative perceived value, discomfort with emotions, and cultural barriers.

What are the implications for practice?

- Psychiatric nurses, who are among the health professionals that interact most with individuals, have a great responsibility and role in raising public awareness about mental health literacy.
- Individuals who come to hospitals or consult nurses for treatment or information purposes can be interviewed, and the topics they struggle with or are curious about can be identified by creating specific headings (negative perceived value, ingroup stigma, discomfort from emotions, lack of knowledge, lack of access, cultural barriers).

Data Collection Tools

Personal Information Form: This form is a 14-question tool prepared by the researchers by reviewing the literature, including questions about the participants' age, gender, marital status, education level, region of residence, and their search for information about mental health.[10,11]

Mental health literacy scale: It was developed by Jung et al.,[12] and its Turkish validity and reliability study was conducted by Göktaş et al.[13] It has three subscales: knowledge-oriented (first ten items), belief-oriented (the next eight items), and resource-oriented (the last four items), totalling 22 items. The scores that can be obtained from the scale vary between 0–22. The Cronbach alpha value was 0.71 in the Turkish validity and reliability study and 0.67.[12] In this study: 0.65 for knowledge-oriented, 0.73 for belief-oriented, and 0.74 for resource-oriented subscales.

Barriers to seeking mental health counselling scale: It was developed by Shea et al.,[14] and its validity and reliability study was conducted by Daşçı et al.[15] The six-point Likert-type scale consists of 26 items in six subscales: negative perceived value, discomfort from emotions, ingroup stigma, lack of knowledge, lack of access, and cultural barriers. The Cronbach alpha internal consistency value was reported as 0.84 in the Turkish validity and reliability study.[13]

Data Collection

The data were collected between January 2, 2023, and March 31, 2023, following the ethics committee's permission, by reaching individuals through online platforms such as Facebook, Instagram, and WhatsApp via Google Forms throughout Türkiye using a snowball sampling method. Data collection tools were created with Google Forms. After agreeing to participate, individuals started filling out the surveys. The system was designed so that each participant could only fill out the survey once. A participant could not fill out the form a second time. The survey link for the study was first sent ran-

Table 1. Findings regarding participants' socio-demographic characteristics

Socio-demographic characteristics	n	%	Socio-demographic characteristics	n	%
Age			The region where they lived the longest		
18–29 years	146	42.0	Central Anatolia	23	6.6
30–39 years	111	31.9	Southeastern Anatolia	6	1.7
40–49 years	59	17.0	Eastern Anatolia	5	1.4
50 years and over	32	9.2	Thinking that they have a mental disorder		
Gender			Yes	62	17.8
Female	234	67.2	No	286	82.2
Male	114	32.8	Employment		
Marital status			Employed	221	63.5
Married	185	53.2	Unemployed	116	33.3
Single	154	44.3	Retired	11	3.2
Other	9	2.6	Having a mental disorder in the family		
Having children			Yes	77	22.1
No	175	50.3	No	271	77.9
Yes	173	49.7	Knowledge about mental health literacy		
Educational level			Yes	59	17.0
Literate	6	1.7	No	192	55.2
Secondary education	19	5.5	Partially	97	27.9
High school	80	23.0	The resource to consult when experiencing a mental health problem		
Associate degree	52	14.9	Psychologist	210	60.3
Bachelor's degree	137	39.4	Physician	113	32.5
Postgraduate	54	15.5	websites	4	1.1
The region where they lived the longest			Friend/Family/Spouse	13	3.7
Marmara	243	69.8	Other	8	2.3
Aegean	18	5.2	Total	348	100
Mediterranean	18	5.2			
Black Sea	35	10.1			

domly to the close circle by the researchers; then each participant forwarded it to their friends and acquaintances, and data were collected using the snowball method.

Statistical Analysis

The data were analysed using the Statistical Package for the Social Sciences (SPSS) 26.0 software package. Independent Sample t-test, One-Way ANOVA test, and Post Hoc tests were used to analyse the data. Pearson Correlation Analysis was used to examine the relationship between the scales. For significance, $p<0.05$ and $p<0.01$ values were considered.

Ethical Considerations

Ethics committee approval was obtained from Haliç University Non-interventional Clinical Research Ethics Committee (Date: 28.12.2022/No: 269). The purpose of the research was explained to the individuals who would participate in the study on online platforms. They were assured that the confidentiality of the information collected from them would be respected and that participation was voluntary. They were asked to approve the Informed Voluntary Consent Form online, indicating they agreed to participate in the study. The system was designed so that those who volunteered to participate in the study could only do so once. To protect participants' privacy, they were not asked to write their phone numbers, names, or e-mail addresses. The study was conducted in accordance with the provisions of the Declaration of Helsinki.

Results

The majority of the participants were between the ages of 18–29, female, married, did not have children, had a bachelor's degree, lived in the Marmara region for the longest time, did not have a mental illness, were employed, did not have a mental disorder in the family, had no knowledge about mental health literacy, and stated that a psychologist should be consulted in case of a mental health problem, as presented in Table 1.

In this study, the mean Mental Health Literacy Scale (MHLS) score (12.37±3.14) was average, and the mean Barriers to Seeking Mental Health Counselling Scale (BSMHCS) score (70.46±20.94) was below average, as presented in Table 2.

Table 2. Descriptive statistical findings on MHLS, BSMHCS and its subscales

Scales	Min	Max	Mean	SD
Mental health literacy scale (MHLS)	1.00	22.00	12.37	3.14
Knowledge-oriented	0.00	10.00	7.82	2.07
Belief-oriented	0.00	8.00	1.73	1.64
Resource-oriented	0.00	4.00	2.82	1.32
Barriers to seeking mental health counselling scale (BSMHCS)	27.00	157.00	70.46	20.94
Negative perceived value	4.00	24.00	10.50	4.29
Ingroup stigma	5.00	30.00	10.68	5.61
Discomfort from emotions	5.00	30.00	12.66	5.57
Lack of knowledge	3.00	18.00	9.33	2.92
Lack of access	4.00	24.00	11.60	4.76
Cultural barriers	6.00	36.00	15.70	5.64

Min: Minimum; Max.: Maximum; SD: Standard deviation.

A statistically significant difference was found between age, gender, marital status, having children, having a mental disorder in the family, and having information about mental health literacy (MHL) and MHLS ($p<0.05$), as presented in Table 3.

A statistically significant difference was found between age, gender, education, knowledge about MHL, and knowledge of resources to be consulted in case of mental health problems and BSMHCS ($p<0.05$), as presented in Table 4.

There was a negative correlation between BSMHCS and its subscales, MHLS and its subscales, and a positive correlation only in the Beliefs-oriented subscale ($p<0.05$), as presented in Table 5.

In this model, there was a negative correlation between the participants' mental health literacy scores and the negative perceived value and lack of knowledge subscale scores, and a positive correlation with the Ingroup Stigma scores ($p<0.05$), as presented in Table 6.

Discussion

In the gender comparison in this study, women's mental health literacy score was higher than men's. In the study conducted by Solak et al.,[16] women had a higher mean score. Some studies have shown that women have more knowledge and better attitudes about recognising mental disorders and encouraging professional help.[17–20] Tay et al.[17] have suggested that the characteristics of women being more accepting, helpful, and less irritable than men also have an effect on this result. In this study, men scored higher for negative perceived value, ingroup stigma, lack of knowledge, and cultural barriers ($p<0.05$). Studies have reported that men are more affected by negative attitudes and seek professional help less.[10,21] For example, it is stated that variables such as receiving social support, having previously experienced a psychiatric condition, and being married affect the rate of mental health literacy in men.[18,22] Cultural norms are also thought to negatively affect men's mental health literacy and behaviour in seeking professional counselling.

In this study, young adults had lower MHLS total and Resource-oriented subscale scores. In the study conducted by Solak et al.,[16] the Belief-oriented MHLS score decreased with increasing age. In studies with university students,[5,9] the barriers to seeking mental health counselling included a lack of trust in counsellors, stigmatisation, low mental health literacy, and inability to access mental health services. In a study conducted by Hadjimina and Furnham on mental health literacy, it was found that in the comparison of young, middle, and old age groups, the young group (18–29 age range) correctly identified "Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder, Generalized Anxiety Disorder, Panic Disorder, and Social Phobia" at a higher rate.[23] These factors may explain the lack of resources in seeking professional help and the low level of mental health literacy of individuals aged 18–29 in this study. The high Belief-oriented subscale score of individuals aged 40–49 and the high Lack of Knowledge subscale score of individuals aged 50 and above suggest that adopting social norms may cause negative attitudes towards mental health and, thus, less knowledge.

The mental health literacy score of individuals with 'other' marital status (divorced or widowed) was statistically significantly higher than that of married or single individuals. Mental health literacy of married individuals was also higher in the study of Öztaş and Aydoğan.[22] It can be inferred that people who have or had a spouse with whom they shared life and who support them tend to seek more information about mental health and, therefore, have higher levels of literacy.

Individuals who had children had a higher mental health literacy score and a lower Lack of Knowledge subscale score in the barriers to seeking mental health counselling. In the study of Solak et al.,[16] those who did not have children had a higher

Table 3. Comparison of MHLS scores according to the findings

Variable	n	Knowledge-oriented X̄±SD	Belief-oriented X̄±SD	Resource-oriented X̄±SD	MHLS-total X̄±SD
Age groups					
18-29 years[A]	146	7.64±2.04	1.62±1.62	2.52±1.45	11.78±3.43
30-39 years[B]	111	8.16±2.03	1.45±1.38	2.98±1.18	12.59±2.60
40-49 years[C]	59	7.53±2.03	2.47±1.99	3.02±1.24	13.02±3.07
50 years and over[D]	32	8.06±2.29	1.84±1.51	3.22±1.10	13.13±3.26
Statistical analysis*			**F=5.595**	**F=4.583**	**F=3.422**
Probability		F=1.957	**p=0.001****	**p=0.004****	**p=0.017***
Difference		p=0.12	**C>A.B.D**	**A<B.C.D**	**A<B.C.D**
Gender					
Female	234	8.38±1.55	1.41±1.34	2.97±1.19	12.77±2.49
Male	114	6.68±2.49	2.39±1.98	2.51±1.53	11.57±4.06
Statistical analysis		**t=6.723**	**t=-4.736**	**t=2.805**	**t=2.886**
Probability		**p<0.001****	**p<0.001****	**p=0.006****	**p=0.004****
Marital status					
Married	185	7.99±1.92	1.81±1.63	2.94±1.25	12.74±3.01
Single	154	7.56±2.23	1.63±1.68	2.64±1.39	11.83±3.23
Others	9	8.78±1.48	1.89±1.36	3.44±1.33	14.11±3.02
Statistical analysis				**F=3.221**	**F=5.051**
Probability		F=2.828	F=0.551	**p=0.041***	**p=0.007****
Difference		p=0.061	p=0.577	**A.B<C**	**A.B<C**
Having children					
Yes	175	7.58±2.13	1.58±1.57	2.60±1.39	11.75±3.24
No	173	8.08±1.97	1.89±1.70	3.03±1.22	13.00±2.92
Statistical analysis		**t=-2.261**	t=-1.785	**t=-3.102**	**t=-3.769**
Probability		**p=0.024***	p=0.075	**p=0.002****	**p<0.001****
Educational level					
Literate[A]	6	5.67±4.27	2.17±1.60	2.33±1.63	10.17±4.67
Secondary school[B]	19	7.37±2.11	2.32±1.80	2.89±1.29	12.58±2.71
High school[C]	80	7.21±2.35	2.13±1.82	2.81±1.42	12.15±3.82
Associate degree[D]	52	7.25±2.07	1.79±1.66	2.87±1.34	11.90±2.83
Bachelor's degree[E]	137	8.19±1.75	1.66±1.56	2.72±1.35	12.57±3.15
Postgraduate[F]	54	8.76±1.34	1.04±1.27	3.04±1.06	12.83±1.98
Statistical analysis		**F=7.387**	F=3.622	F=0.621	F=1.265
Probability		**p<0.001****	p=0.003**	p=0.684	p=0.279
Difference		**E,F>A,B,C,D**	F<A,B,C,D		
Having a mental disorder in the family					
Yes	77	8.52±1.72	1.69±1.79	2.96±1.21	13.17±2.59
No	271	7.63±2.12	1.75±1.60	2.77±1.35	12.15±3.25
Statistical analysis		**t=3.804**	t=-0.269	t=1.089	**t=2.874**
Probability		**p<0.001****	p=0.788	p=0.277	**p=0.005****
MHL knowledge					
Yes[A]	59	8.61±1.80	1.66±1.71	3.59±0.77	13.86±2.87
No[B]	192	7.36±2.18	1.81±1.68	2.42±1.43	11.59±3.34
Partially[C]	97	8.26±1.73	1.63±1.52	3.13±1.05	13.02±2.35
Statistical analysis		**F=11.844**	F=0.448	**F=24.657**	**F=15.969**
Probability		**p<0.001****	p=0.64	**p<0.001****	**p<0.001****
Difference		**B<A,C**		**B<C<A**	**B<A,C**

Table 3. Cont.

Variable	n	Knowledge-oriented $\bar{X}$±SD	Belief-oriented $\bar{X}$±SD	Resource-oriented $\bar{X}$±SD	MHLS-total $\bar{X}$±SD
The resource to consult when experiencing a mental health problem					
Psychologist[A]	210	7.90±1.95	1.67±1.53	2.83±1.32	12.40±3.15
Physician[B]	113	7.97±2.00	1.72±1.75	2.90±1.24	12.59±2.98
Websites[C]	4	4.50±2.89	3.50±2.08	1.25±1.89	9.25±3.95
Friend/Family/Spouse[D]	13	6.92±2.47	2.38±1.71	2.15±1.52	11.46±3.18
Other[E]	8	6.88±3.36	1.63±2.26	3.13±1.46	11.63±4.14
Statistical analysis		**F=3.976**	F=1.773	**F=2.489**	F=1.527
Probability		**p=0.004****	p=0.134	**p=0.043***	p=0.194
Difference		**C,D,E<A,B**		**C,D<A,B,E**	

*: p<0.05; **: p<0.01. The letters A, B, C, D, E were used as symbols to indicate which group the difference originated from in the analyses. MHLS: Mental health literacy scale; $\bar{X}$: Arithmetic mean; SD: Standard deviation, F: One Way ANOVA; t: Independent sample t test; Difference: Post Hoc tests.

level of mental health literacy. People with children constantly need new information while raising and caring for their children. They receive information from various professionals, centres, or educators to understand their children's characters and interact with and support them. Parents may therefore have more knowledge and higher levels of mental health literacy.

In this study, when evaluated according to their educational status, it was observed that participants with bachelor's and postgraduate degrees had a lower mental health counselling seeking barrier score and a higher Mental Health Literacy knowledge subdimension score than high school and primary school level participants. It was concluded that as education level increases, barriers to seeking mental health counselling decrease and mental health literacy increases. Other studies have also found a positive impact of higher education.[1,7,11,20,22,24,25] Individuals with higher levels of education generally have access to more resources. Given their increased awareness of their mental health and psychological needs, they are more inclined to seek out mental health services and counselling. Consequently, it can be concluded that their level of mental health literacy is also higher.

The mental health literacy score and knowledge subscale score of individuals with a family history of mental illness were found to be high, while the barriers to seeking mental health counselling and Lack of Knowledge subscale were found to be low. Previous studies indicate that individuals with mental health problems in themselves or those around them have higher mental health literacy scores and lower Lack of Knowledge scores than individuals without.[20,21] Seeking information for family members, consulting mental health experts, and obtaining information about mental health can increase individuals' mental health literacy levels.

Participants knowledgeable about mental health literacy had a high mental health literacy score and low barriers to seeking mental health counselling. In the study conducted by Seki Öz, it was suggested that individuals who do not have knowledge about mental health issues had low mental health levels.[20] Similar studies also indicate that individuals with knowledge about mental health literacy had high mental health literacy levels.[4,21] Having information about mental health literacy is noted to contribute to individuals seeking and receiving counselling.[3]

In this study, based on the most frequently consulted source when experiencing a mental health problem, the mental health literacy knowledge-oriented and resource-oriented subscale scores of the participants who consulted psychologists and physicians were higher. In direct relation, the participants who consulted psychologists and physicians had lower Barriers to Seeking Mental Health Counselling scores. Studies have suggested that individuals who turn to religious people or traditional healers when experiencing mental health problems have low mental health literacy levels.[24,26] In another study, individuals' preference for the internet for assistance instead of consulting professionals due to a lack of self-confidence was associated with low mental health literacy levels.[27] Consulting the right source about mental health issues will provide accurate information and improve mental health literacy levels. Conversely, resorting to non-professionals will reduce the levels due to misinformation. In addition, barriers to seeking mental health counselling seem to decrease with professional support.

When the relationship between the scales was examined, it was seen that the mental health literacy level, knowledge-oriented subscale score, and resource-oriented subscale score decreased as the Barriers to Seeking Mental Health Counselling Scale total score, negative perceived value, discomfort from emotions, lack of knowledge, lack of access, and cultural barriers scores increased. Also, as the ingroup stigma score increased, the Beliefs-oriented subscale score increased. A previous study investigating the obstacles and facilitators

Table 4. Comparison of BSMHCS scores according to the findings

Variable	n	Negative perceived value X̄±SD	Ingroup stigma X̄±SD	Discomfort from emotions X̄±SD	Lack of knowledge X̄±SD	Lack of access X̄±SD	Cultural barriers X̄±SD	BSMHCS-total X̄±SD
Age groups								
18-29 years[A]	146	10.46±3.89	10.57±5.04	12.96±5.42	9.83±3.01	11.45±4.05	15.55±5.24	11.78±3.43
30-39 years[B]	111	10.02±4.19	10.14±5.75	12.08±5.01	9.12±2.93	11.58±5.28	15.29±5.29	12.59±2.60
40-49 years[C]	59	11.24±5.06	11.95±6.78	13.05±6.33	9.53±2.44	12.31±5.00	16.53±6.63	13.02±3.07
50 years and over[D]	32	10.97±4.74	10.69±5.11	12.56±6.61	7.47±2.51	11.06±5.47	16.28±6.66	13.13±3.26
Statistical analysis*		F=1.184	F=1.378	F=0.638	**F=6.332**	F=0.613	F=0.764	**F=3.422**
Probability		p=0.316	p=0.249	p=0.591	**p<0.001****	p=0.607	p=0.515	**p=0.017***
Difference					**D<A,B,C**			**A<B,C,D**
Gender								
Female	234	9.78±3.73	10.00±5.16	12.29±5.18	8.90±2.96	11.42±4.59	14.93±5.48	67.32±19.35
Male	114	11.96±4.95	12.07±6.24	13.41±6.26	10.23±2.61	11.96±5.10	17.28±5.66	76.92±22.63
Statistical analysis		**t=-4.167**	**t=-3.073**	t=-1.658	**t=-4.084**	t=-0.996	**t=-3.717**	**t=-4.106**
Probability		**p<0.001****	**p=0.002****	p=0.099	**p<0.001****	p=0.320	**p<0.001****	**p<0.001****
Marital status								
Married	185	10.30±4.41	10.77±5.65	12.51±5.46	9.07±2.78	11.59±4.92	15.73±5.80	69.98±20.77
Single	154	10.71±4.13	10.71±5.69	12.93±5.70	9.69±3.00	11.69±4.61	15.58±5.46	71.32±21.52
Others	9	10.78±4.66	8.00±2.24	11.00±5.72	8.56±3.64	10.22±4.06	17.00±6.00	65.56±14.13
Statistical analysis		F=0.406	F=1.055	F=0.642	F=2.272	F=0.402	F=0.272	F=0.424
Probability		p=0.667	p=0.349	p=0.527	p=0.105	p=0.669	p=0.762	p=0.65
Difference								
Having children								
Yes	175	10.70±4.03	10.30±5.39	12.95±5.51	9.66±3.03	11.27±4.39	15.55±5.37	70.43±20.02
No	173	10.29±4.53	11.05±5.82	12.36±5.63	9.01±2.77	11.93±5.10	15.85±5.92	70.49±21.89
Statistical analysis		t=0.9	t=-1.246	t=0.979	t=2.093	t=-1.286	t=-0.497	t=-0.025
Probability		p=0.369	p=0.214	p=0.328	p=0.037*	p=0.199	p=0.619	p=0.98
Educational level								
Literate[A]	6	12.67±7.84	14.83±7.52	14.50±10.19	8.17±2.99	16.67±8.26	18.50±10.45	85.33±43.93
Secondary school[B]	19	10.63±3.99	12.32±6.63	13.32±5.21	10.00±1.97	12.74±5.21	15.47±5.06	74.47±18.56
High school[C]	80	10.90±4.83	11.99±6.53	13.73±6.28	9.68±2.60	11.58±4.94	17.16±6.07	75.03±23.89
Associate degree[D]	52	10.81±4.61	10.62±6.22	12.35±5.99	10.06±3.13	12.87±5.37	15.06±5.96	71.75±23.68
Bachelor's degree[E]	137	10.35±3.94	10.12±4.85	11.82±4.95	9.35±2.85	10.87±4.17	14.88±5.15	67.39±18.05
Postgraduate[F]	54	9.69±3.52	9.15±3.99	13.07±4.84	7.98±3.20	11.31±4.21	15.98±5.12	67.19±15.72
Statistical analysis		F=0.926	**F=3.008**	F=1.5	**F=3.713**	**F=3.086**	F=2.145	**F=2.446**
Probability		p=0.464	**p=0.011***	p=0.189	**p=0.003****	**p=0.01****	p=0.06	**p=0.034***
Difference			**A,B,C>E,F**		**F<B,C,D,E**	**A>C,E,F**		**A,B,C>E,F**

Table 4. Cont.

Variable	n	Negative perceived value X̄±SD	Ingroup stigma X̄±SD	Discomfort from emotions X̄±SD	Lack of knowledge X̄±SD	Lack of access X̄±SD	Cultural barriers X̄±SD	BSMHCS-total X̄±SD
Having a mental disorder in the family								
Yes	77	9.78±4.30	11.94±6.68	12.38±5.76	8.60±3.00	11.70±4.94	15.38±5.80	69.77±21.63
No	271	10.70±4.27	10.32±5.23	12.74±5.52	9.54±2.86	11.57±4.72	15.79±5.61	70.66±20.78
Statistical analysis		t=-1.67	t=1.96	t=-0.502	**t=-2.529**	t=0.21	t=-0.566	t=-0.33
Probability		p=0.096	p=0.053	p=0.616	**p=0.012***	p=0.834	p=0.572	p=0.741
MHL knowledge								
Yes[A]	59	9.03±4.13	9.93±4.92	11.64±5.45	7.61±2.86	10.46±4.67	15.58±6.32	64.25±20.61
No[B]	192	11.06±4.35	11.12±5.83	13.02±5.68	10.00±2.84	11.83±4.64	15.90±5.58	72.94±21.10
Partially[C]	97	10.27±4.05	10.25±5.53	12.56±5.38	9.06±2.64	11.84±5.00	15.37±5.37	69.34±20.14
Statistical analysis		**F=5.381**	F=1.405	F=1.405	**F=17.205**	F=2.06	F=0.299	**F=4.146**
Probability		**p=0.005****	p=0.247	p=0.247	**p<0.001****	p=0.129	p=0.742	**p=0.017***
Difference		**A<B**			**A<C<B**			**A<B**
The resource to consult when experiencing a mental health problem								
Psychologist[A]	210	10.15±3.75	10.19±5.07	12.48±5.32	9.42±2.85	11.22±4.37	15.50±5.36	68.97±19.14
Physician[B]	113	10.26±4.28	10.75±5.49	12.30±5.30	8.89±2.80	11.64±4.93	15.68±5.62	69.51±19.78
Websites[C]	4	15.50±10.12	21.25±10.31	19.25±10.56	11.00±3.56	18.25±6.95	21.25±7.80	106.50±41.97
Friend/family/spouse[D]	13	14.92±5.04	14.77±7.82	15.15±7.55	11.38±3.48	14.31±5.02	17.54±7.71	88.08±26.65
Other[E]	8	13.25±6.84	10.50±7.73	15.00±7.21	9.13±3.68	13.25±7.38	15.38±8.00	76.50±33.69
Statistical analysis		**F=6.466**	**F=6.016**	**F=2.625**	**F=2.716**	**F=3.682**	F=1.39	**F=6.09**
Probability		**p<0.001****	**p<0.001****	**p=0.035***	**p=0.03***	**p=0.006****	p=0.237	**p<0.001****
Difference		**A,B<C,D,E**	**C>A,B,D,E**	**A,B<C,D,E**	**D>A,B**	**C,D>A,B,E**		**A,B<D,E<C**

*: p<0.05; **: p<0.01. The letters A, B, C, D, E were used as symbols to indicate which group the difference originated from in the analyses. BSMHCS: Barriers to seeking mental health counselling scale; X̄: Arithmetic mean; SD: Standard deviation, F: One Way ANOVA; t: Independent sample t test; Difference: Post Hoc Tests.

Table 5. Examining the relationship levels between scale and subscale scores

Scale and subscales	MHLS	Knowledge-oriented	Belief-oriented	Resource-oriented
Barriers to seeking mental health counselling scale				
r	-0.220**	-0.390**	0.331**	-0.324**
p	**0.000**	**0.000**	**0.000**	**0.000**
Negative perceived value				
r	-0.200**	-0.381**	0.248**	-0.186**
p	**0.000**	**0.000**	**0.000**	**0.000**
Ingroup stigma				
r	-0.059	-0.239**	0.324**	-0.169**
p	**0.269**	**0.000**	**0.000**	**0.002**
Discomfort from emotions				
r	-0.178**	-0.281**	0.231**	-0.268**
p	**0.001**	**0.000**	**0.000**	**0.000**
Lack of knowledge				
r	-0.334**	-0.275**	0.168**	-0.571**
p	**0.000**	**0.000**	**0.002**	**0.000**
Lack of access				
r	-0.160**	-0.253**	0.184**	-0.212**
p	**0.003**	**0.000**	**0.001**	**0.000**
Cultural barriers				
r	-0.123*	-0.286**	0.250**	-0.155**
p	**0.022**	**0.000**	**0.000**	**0.004**

*: MHLS: Mental health literacy scale p<0.05; **: p<0.01. r: Correlation coefficient.

Table 6. Multiple regression analysis results of findings

Variable	B	SE^B	β (Beta)	T	p	F	df	p	$Adj.R^2$
Constant	16.713	0.658		25.407	**<0.001**	9.71	6.341	0.000	0.131
Negative perceived value	-0.114	0.045	-0.155	-2.556	**0.011**				
Ingroup stigma	0.080	0.038	0.143	2.131	0.034				
Discomfort from emotions	-0.035	0.038	-0.062	-0.915	0.361				
Lack of knowledge	-0.324	0.057	-0.301	-5.716	**<0.001**				
Lack of access	-0.056	0.042	-0.084	-1.336	0.182				
Cultural barriers	0.007	0.036	0.013	0.205	0.837				

Dependent variable: Mental health literacy. ^{B}: Beta; β (Beta): Beta coefficient; SE: Standard error; T: t test statistic; p: Probability; F: Significance of the model; df: Degrees of freedom; $Adj.R^2$: Adjusted coefficient of determination.

to seeking assistance identified the obstacles of not being informed about mental health, having concerns about the character traits of the counsellor, and having concerns about confidentiality and trust, and suggested that mental health literacy levels could be improved through a constructive and facilitative attitude towards these obstacles.[28] As individuals become more curious about and gain access to more information about mental health, whether through observations of themselves or others around them, they will no longer feel as vulnerable or powerless and will be more active in seeking support and will foster a greater sense of self-worth.

In this study, multiple regression analysis showed that as participants' Negative Perceived Value and Lack of Knowledge scores increase, their mental health literacy scores decrease, and as Ingroup Stigma scores increase, their mental health literacy scores increase significantly. In a study evaluating university students' perspectives on help-seeking and mental health counselling, Ning et al.[5] observed that there was a lack of trust in counsellors and a stigma towards mental disorders. The authors noted that low mental health literacy was the reason for inadequate efforts to disseminate mental health information and related services. It can be concluded that the stigma and negative atti-

tudes felt by individuals hinder the process of receiving counselling because they create low self-esteem, and this barrier will diminish with the elevation of mental health literacy.

Limitations

Since the data in this study were collected from online platforms, individuals who did not have access to these platforms could not be reached. More comprehensive studies should be conducted for the findings to be generalizable.

Conclusion

This study demonstrated that the level of mental health literacy and barriers to seeking mental health counselling vary depending on participants' socio-demographic characteristics. Among the barriers to seeking mental health counselling, the most critical factors affecting the level of mental health literacy were found to be lack of knowledge, lack of access, negative perceived value, discomfort from emotions, and cultural barriers. Attitudes and beliefs should be changed with the assistance of healthcare professionals who provide accurate information. Nurses, especially psychiatric nurses who interact the most with patients and healthy individuals, should be actively involved in education and raising public awareness about mental health literacy. In this regard, awareness educations, home visits, and information through social media can be provided to increase mental health literacy. Although there are studies in the literature that are aimed at children and young people, it is clear that the number of studies targeting the general population, all age groups, occupational groups, and even ethnic origins—as in this study—is insufficient, and that more comprehensive studies should be conducted on this subject. We recommend conducting studies to more comprehensively identify the barriers to seeking mental health counselling and the factors that influence individuals.

Implications for Practice

We believe that the counselling role of nurses, who serve individuals, families, and communities in all aspects of healthcare, will contribute significantly to improving mental health literacy through awareness educations, home visits, and information shared via social media. The focus should be on improving mental health care outcomes by increasing the level of mental health literacy in the community. As the level of mental health literacy increases, society's stigmatizing attitudes towards individuals with mental health disorders may decrease. Moreover, individuals will not hesitate to seek support and help. Individuals with increased mental health literacy become more aware of mental illnesses and the symptoms they or their loved ones may experience. This may also lead to a decrease in stigmatizing behaviors in society.

Ethics Committee Approval: The study was approved by the Haliç University Non-interventional Clinical Research Ethics Committee (no: 269, date: 28/12/2022).

Informed Consent: After the necessary permissions were obtained, written consent of all participants was obtained before the study began. All explanations were provided on an online platform, and participants, after reading the information, checked the checkbox online if they wanted to participate. After giving their consent, they were granted access to the data collection tools and voluntarily participated by completing the data collection instruments.

Conflict of Interest Statement: The authors have no conflicts of interest to declare.

Funding: The authors declared that this study received no financial support.

Use of AI for Writing Assistance: No AI technologies utilized.

Authorship Contributions: Concept – E.B., G.K.; Design – E.B., G.K.; Supervision – G.K.; Funding – E.B., G.K.; Materials – E.B., G.K.; Data collection and/or processing – E.B., G.K.; Data analysis and/or interpretation – E.B., G.K.; Literature search – E.B., G.K.; Writing – E.B., G.K.; Critical review – G.K.

Acknowledgments: We would like to thank all participants for their valuable time and insights.

Peer-review: Externally peer-reviewed.

References

1. Miles R, Rabin L, Krishnan A, Grandoit E, Kloskowski K. Mental health literacy in a diverse sample of undergraduate students: Demographic, psychological, and academic correlates. BMC Public Health 2020;20:1699.
2. Hart LM, Jorm AF, Johnson CL, Tully LA, Austen E, Gregg K, et al. Mental health literacy for supporting children: The need for a new field of research and intervention. World Psychiatry 2023;22:338–9.
3. Barrow E, Thomas G. Exploring perceived barriers and facilitators to mental health help-seeking in adolescents: A systematic literature review. Educ Psychol Pract 2022;38:173–93.
4. Goodfellow C, Macintyre A, Knifton L, Sosu E. Associations between dimensions of mental health literacy and adolescent help-seeking intentions. Child Adolesc Ment Health 2023;28:385–92.
5. Ning X, Wong JP, Huang S, Fu Y, Gong X, Zhang L, et al. Chinese university students' perspectives on help-seeking and mental health counseling. Int J Environ Res Public Health 2022;19:8259.
6. Sokolová L. Mental health literacy and seeking for professional help among secondary school students in Slovakia: A brief report. Front Public Health 2024;12:1333216.
7. Özer D, Şahin Altun Ö. Mental health literacy: Strengthening community mental health through awareness. Curr App Psychiatr 2022;14:284–9. [Article in Turkish]

8. Javed A, Lee C, Zakaria H, Buenaventura RD, Cetkovich-Bakmas M, Duailibi K, et al. Reducing the stigma of mental health disorders with a focus on low- and middle-income countries. Asian J Psychiatr 2021;58:102601.
9. Cheng HL, Wang C, McDermott RC, Kridel M, Rislin JL. Self-stigma, mental health literacy, and attitudes toward seeking psychological help. J Couns Dev 2018;96:64–74.
10. DeBate RD, Gatto A, Rafal G. The effects of stigma on determinants of mental health help-seeking behaviors among male college students: An application of the information-motivation-behavioral skills model. Am J Mens Health 2018;12:1286–96.
11. Stewart G, Kamata A, Miles R, Grandoit E, Mandelbaum F, Quinn C, et al. Predicting mental health help seeking orientations among diverse Undergraduates: An ordinal logistic regression analysis☆. J Affect Disord 2019;257:271–80.
12. Jung H, von Sternberg K, Davis K. Expanding a measure of mental health literacy: Development and validation of a multicomponent mental health literacy measure. Psychiatry Res 2016;243:278–86.
13. Göktaş S, Işıklı B, Önsüz MF, Yenilmez Ç, Metintaş S. Evaulation of validity and reliability of the Turkish Version of the Mental Health Literacy Scale (Mhl Scale). Konuralp Med J 2019;11:424–31. [Article in Turkish]
14. Shea M, Wong YJ, Nguyen KK, Gonzalez PD. College students' barriers to seeking mental health counseling: Scale development and psychometric evaluation. J Couns Psychol 2019;66:626–39.
15. Daşçı G, Aydoğdu BN, Eryiğit D, Ekşi H. Evaluation of attitudes towards seeking mental health services from a cultural perspective: Turkish adaptation of Barriers to Seeking Mental Health Counseling Scale. Spirit Psychol Couns 2022;7:55–74.
16. Solak Y, Kaya E, Durmuş H, Canbolat H. Can mental health disorders in students be recognized? Mental health literacy status of teachers. Turk J Child Adolesc Ment Health 2023;30:53–60. [Article in Turkish]
17. Tay JL, Tay YF, Klainin-Yobas P. Mental health literacy levels. Arch Psychiatr Nurs 2018;32:757–63.
18. Lee HY, Hwang J, Ball JG, Lee J, Albright DL. Is health literacy associated with mental health literacy? Findings from Mental Health Literacy Scale. Perspect Psychiatr Care 2020;56:393–400.
19. Schneider M, Jaks R, Nowak-Flück D, Nicca D, De Gani SM. Mental health literacy in Zurich: A first measurement attempt using the general HLS-EU-Q47. Front Public Health 2021;9:723900.
20. Seki Öz H. Investigation of mental health literacy of individuals living in a city center. Humanist Pers 2021;3:660–75. [Article in Turkish]
21. Campos L, Dias P, Duarte A, Veiga E, Dias CC, Palha F. Is it possible to "Find Space for Mental Health" in young people? Effectiveness of a school-based mental health literacy promotion program. Int J Environ Res Public Health 2018;15:1426.
22. Öztaş B, Aydoğan A. Assessment of mental health literacy of health professionals. J Psychiatric Nurs 2021;12:198–204.
23. Hadjimina E, Furnham A. Influence of age and gender on mental health literacy of anxiety disorders. Psychiatry Res 2017;251:8–13.
24. Begum R, Choudhry FR, Khan TM, Bakrin FS, Al-Warafi YM, Munawar K. Mental health literacy in Pakistan: A narrative review. Mental Health Review J 2020;25:63–74.
25. Wu J, Wang C, Lu Y, Zhu X, Li Y, Liu G, et al. Development and intial volidation of the mental health literacy questionnaire for Chinese adults. Curr Psychol 2022;42:8425–40.
26. Dang HM, Lam TT, Dao A, Weiss B. Mental health literacy at the public health level in low and middle income countries: An exploratory mixed methods study in Vietnam. PLoS One 2020;15:e0244573.
27. Gulliver A, Griffiths KM, Christensen H. Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. BMC Psychiatry 2012;12:157.
28. Gulliver A, Griffiths KM, Christensen H. Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. BMC Psychiatry 2010;10:113.