

Investigation of the relationship between mental health literacy of adults and attitude towards seeking psychological help and stigma by the immediate environment

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Abstract

Purpose: This study aims to examine the relationship between mental health literacy and attitudes toward psychological help-seeking and stigma by the immediate environment.

Design and Methods: This descriptive and cross-sectional research was conducted with 352 parents in 2021.

Findings: It was observed that there was a significant positive relationship between mental health literacy level and attitude toward psychological help-seeking. There was a negative relationship between mental health literacy level and stigma by the immediate environment.

Practice Implications: The results point to the need for interventions to improve mental health literacy in society.

KEYWORDS

mental health literacy, psychological help, stigmatization

1 | INTRODUCTION

Living conditions in today's world pose a significant threat to people's mental health. These conditions increase the likelihood of encountering an unexpected situation related to mental illness on the individual or in his/her immediate environment (Akdoğan, 2018; Begum et al., 2019). However, because mental health knowledge and experience are not at the same level as physical health knowledge and experience, it is difficult to deal with such issues (Lee et al., 2019). According to previous research, mental health literacy (MHL) rates are low across different groups (adolescents, adults, etc.) (Akdoğan, 2018; Benuto et al., 2019; D'cunha, 2014).

MHL is the knowledge, attitude, and beliefs that enable a person to recognize, manage, or prevent mental disorders, either in themselves or others (D'cunha, 2014; Jung et al., 2017; Loreto, 2017). In other words, it is the knowledge and skills that reduce the stigma associated with mental health, positively influence individuals' attitudes and behaviors toward psychological help-seeking, and address the biological, psychological, and social aspects of mental health (Loreto, 2017).

With more studies being done on the concept of MHL, the concept's scope has begun to broaden to include information that may be beneficial to mental health. From this point of view, seeking help through mental health services, helping someone with a mental illness, and stigmatization are among the significant aspects of MHL (Jung et al., 2017; Thai et al., 2020).

When faced with a mental problem, getting psychological help refers to both an individual's attempt to seek professional help as well as the coping process (Loreto, 2017). It has been reported that attitude toward psychological help-seeking is an important predictor variable of help-seeking behavior (Jung et al., 2017). Knowing the causes, treatment, and recovery process of mental illnesses, in other words, MHL, is closely related to getting psychological help (Jung et al., 2017; Loreto, 2017). Recognizing a mental health problem can be the first step to seeking professional help (Ratnayake & Hyde, 2019). Studies have shown that individuals with high MHL tend to receive more help for mental health problems than those with low MHL (Loreto, 2017; Ratnayake & Hyde, 2019). Low MHL is likely to delay getting

assistance in case of mental problems (Ratnayake & Hyde, 2019). This situation not only prevents timely and adequate use of mental health services but also causes social and economic problems for individuals, families, and society (Benuto et al., 2019).

The stigmatization of people with mental illness stems from a lack of awareness of mental illnesses (Loreto, 2017). Stigmatization is one of the important variables reported in the literature to be associated with MHL (Rafal et al., 2018). Stigma by the immediate environment, which is one of the types of stigmatization, is a fear that arises from a belief that if one seeks psychological help, one would be negatively evaluated by the environment one interacts with. It is known that stigma by the immediate environment also predicts self-stigmatization by an individual. When compared to the stigmatization that is maintained throughout society (social stigmatization), an individual may be affected far more by stigmatization from people he or she interacts with (Vogel et al., 2009). Studies conducted in the field show that MHL is effective in reducing all types of stigma (Cheng et al., 2018; Loreto, 2017).

MHL is an important determinant of the potential to enhance the mental health of individuals, families, and societies (Benuto et al., 2019; Lee et al., 2019). It is of great importance to determine the level of MHL to understand the variables related to mental health literacy (age, gender, stigmatization, help-seeking, etc.), as well as to be able to take necessary actions for mental disorders (Lee et al., 2019). In the literature, no research has been found so far that examines the relationship between the variables that we have discussed. This study aims to determine the mental health literacy level in adults and to evaluate the relationship between mental health literacy, attitudes toward psychological help-seeking, and stigma by the immediate environment.

1.1 | Hypotheses

The hypotheses of the research are as follows: There is a significant relationship between MHL and sociodemographic characteristics (Hypothesis 1); there is a significant positive relationship between MHL and attitudes toward psychological help-seeking (Hypothesis 2); there is a significant negative relationship between MHL and stigma by the immediate environment (Hypothesis 3).

2 | METHODS

2.1 | Research design and participants

This study was designed and conducted as a descriptive and cross-sectional study between January and March of 2021. The universe of the research consists of parents of students studying at three schools in the city center of Bilecik. The number of students from the three schools that make up the participants was determined as follows: first school = 520, second school = 900, and third school = 700. The total

number of students is 2120 and the number of parents (persons accepted as adults) is approximately 4240. While determining the sample of the research, taking into account the sample calculation method, which has 95% confidence interval and a 5% sampling error, the minimum number of participants to be reached was calculated to be 352. The following criteria were used to include participants for the study: They had to be between the ages of 20 and 65, communicate in Turkish, be literate, and be willing to participate in the research. Exclusion criteria were unwillingness to participate in training and/or seminars on mental health and unwillingness to participate in the research. To contact the participants, assistance and cooperation from the schools' administrative staff as well as teachers were sought. A total of 356 people were contacted for the study, but four participants were excluded from the sample due to incomplete data.

2.2 | Data collection tools

2.2.1 | Introductory information form

In this 16-question form, which was prepared by the researchers based on literature review, questions on socio-demographic characteristics and questions on mental health were presented (status of having mental health disorders in the close environment, how information sources on mental health are accessed, etc.).

2.2.2 | Mental Health Literacy Scale (MHLS)

The Mental Health Literacy Scale was developed to assess mental health knowledge and attitudes to recognize, manage, and prevent mental health problems. The validity and reliability of the Turkish version of the scale were tested by Coşkun and Mercan as the "Mental Health Literacy Scale (MHLS)" (Coşkun & Mercan, 2020). The MHLS's revision study was carried out in the first stage of this study. The MHLS consists of 27 items; 4-point and 5-point Likert-type scoring methods are used. There are four subscales in the scale: information about the disease (items 1–12), information about accessing information (items 13–16), attitude toward help-seeking (items 17–20), and stigmatization toward diseases (items 21–27). The scores obtained from the total score ranged between 27 and 123, with higher scores indicating higher levels of mental health literacy.

2.2.3 | Attitudes Toward Seeking Professional Psychological Help-shortened Form (ATSPPH-SF)

It is a one-dimensional scale consisting of 10 items rated on a 4-point Likert scale. The scores obtained from the total score ranged between 0 and 30, with higher scores indicating positive attitudes toward seeking psychological assistance from a professional. The Cronbach's alpha coefficient of the scale was 0.76.

2.2.4 | Perceptions of Stigmatization by Others for Seeking Help Scale (PSOSHS)

The scale was developed by Vogel et al. (2009). Participants are asked to anticipate a circumstance in which they may need psychological assistance and then evaluate how people in their immediate environment would react to the situation. The scale is a one-dimensional, 5-point Likert-type scale consisting of 21 items. The scores obtained from the total score ranged between 21 and 105, with higher scores indicating that individuals had a perception that their immediate environment stigmatized them. The Cronbach's alpha coefficient of the scale was 0.93.

2.3 | Data collection

The research data were collected using electronic communication tools (e.g., email, Whatsapp). Using Google Forms, the researchers devised a data collection form, which was shared with the students' parents on their social media groups with the help of the schools' administrative staff and teachers.

2.4 | Ethical approval

This study conformed to the Declaration of Helsinki. The research was conducted after obtaining ethical approval from the ethical board of the Bilecik Şeyh Edebali University (Numbered 11; Dated 21/10/2020). Institutional permissions were obtained from the schools where the research was conducted. The study was carried out with the participants' consent and was based on their willingness to volunteer. Participants were informed about the aim and scope of the study, and informed consent was obtained from all the participants. Confidentiality was ensured by viewing the responses of the participants only on Google Forms via email defined on behalf of the researchers.

2.5 | Data analysis

In this study, the Statistical Package for the Social Sciences (SPSS), Version 21.0, for Windows program was used for statistical analysis. Numbers and percentages were used for variables determined by counting, mean \pm standard deviation, and minimum-maximum values for variables determined by measurement. Factor analysis was performed for construct validity of MHLS, and suitability for factor analysis was evaluated using the Kaiser–Meyer–Olkin (KMO) coefficient and Bartlett's Test of Sphericity. In this study, the sample was randomly divided into two to test construct validity; exploratory factor analysis was applied to the first data set, whereas confirmatory factor analysis was applied to the second data set (Fokkema & Greiff, 2017). Confirmatory factor analysis was performed using the AMOS program. In the reliability analysis, Cronbach's alpha coefficient was

used for internal consistency. For item analysis, the item-total score correlation method was used. The compliance of the data with normal distribution was determined using the Kolmogorov–Smirnov test. The Mann–Whitney U, Kruskal–Wallis, and Spearman's correlation tests were used in the analysis, as the data did not conform to normal distribution. In all the analyses, a *p* value of less than 0.05 was considered statistically significant.

3 | FINDINGS

The findings regarding the revision study of MHLS, whose validity and reliability in Turkish were tested by Coşkun and Mercan, are presented in the first part. The results about the relationship between mental health literacy level in adults and the variables affecting it, mental health literacy, attitudes toward psychological help-seeking, and stigma by the immediate environment are discussed in the second part.

3.1 | Part 1

3.1.1 | Findings on reliability

To evaluate the reliability of the MHLS, "Cronbach's alpha coefficient" and "Item analysis" tests were conducted. According to the internal consistency analysis, Cronbach's alpha coefficient of the scale was determined as 0.807. The item-total correlation coefficients were examined to investigate the relationship between the scores from the MHLS test items and the total score of the test. In this study, it was ensured that the result of the corrected item-total score correlation coefficient was positive and greater than 0.20. In addition, if an item was removed from the scale, the increase in the Cronbach's alpha coefficient calculated for the scale was accepted as the determinant for removing the related item from the scale (Şençan, 2005). As a result of this analysis, the 11th, 14th, 16th, 20th, 21st, 22nd, and 24th items of the scale were excluded from the scale because they had a value below 0.20. Item-total score correlation coefficients after excluding these items from the scale ranged between 0.216 and 0.530.

3.1.2 | Findings on validity

Exploratory and confirmatory factor analyses were carried out to evaluate the construct validity of the MHLS. The suitability for factor analysis was examined using the KMO test, and the result was KMO = 0.800. The adequacy of the sample size was evaluated using Bartlett's Test of Sphericity ($\chi^2 = 1812.432$, $p = 0.001$). Considering these values, it was observed that it was possible to perform factor analysis of the variables. In the exploratory factor analysis, it was observed that the factor loads varied between 0.339 and 0.839, and the four-factor structure explained for 49.46% of the total variance.

Exploratory factor analysis while evaluating the factor structure of the scale revealed that the items in each factor group had a factor load of at least “0.30” (Şencan, 2005).

The compatibility of the item-factor structure obtained from the exploratory factor analysis was tested through confirmatory factor analysis. During confirmatory factor analysis, to verify the four-factor structure, we evaluated the goodness-of-fit indices of root mean square error of approximation (RMSEA), goodness of fit index (GFI), comparative fit index (CFI), incremental fit index (IFI), Tucker–Lewis Index (TLI), and root mean square residual (RMR) (Ropovik, 2015). The concordance index values were as follows: RMSEA = 0.062, GFI = 0.819, CFI = 0.841, IFI = 0.845, TLI = 0.825, and RMR = 0.051.

RMSEA and RMR values of ≤ 0.05 indicate an excellent fit. CFI and IFI are acceptable to be between 0.90 and 0.95. TLI and GFI are a fit to be ≥ 0.90 (Gürbüz & Şahin, 2017; Koğar, 2020). As a result of the modifications, the RMSEA (0.049) and RMR (0.049) values were determined to have an excellent fit; CFI (0.900) and IFI (0.903) had an acceptable fit; two indices (GFI = 0.846 and TLI = 0.887) did not provide an acceptable level of fit. If our sample size had been larger, we estimate the GFI value would have been an acceptable fit. However, our findings show that the GFI and TLI values are close to the acceptable limits (Koğar, 2020). Since the scale was evaluated not only with GFI and TLI results but also with other goodness-of-fit indicators, it was observed that the four-factor structure of our study was compatible with the confirmatory factor analysis results and that researchers could use it. Analytical equations and a conceptually validated model diagram of the MHLS are shown in Figure 1.

TABLE 1 Participants' general characteristics/variables

Characteristics	$\bar{X} \pm SD$	Min–Max
Age	41.7 ± 3.92	35–56
	<i>n</i> (352)	%
Gender		
Female	240	68.2
Male	112	31.8
Marital status		
Married	306	86.9
Single	46	13.1
Education status		
Primary school graduate	33	9.4
Secondary school graduate	28	8.0
High school graduate	91	25.9
University graduate	200	56.8
Financial status		
Very good	9	2.6
Good	161	45.7
Moderate	169	48
Bad	13	3.7

Note: **n* folded.

Abbreviation: SD, standard deviation.

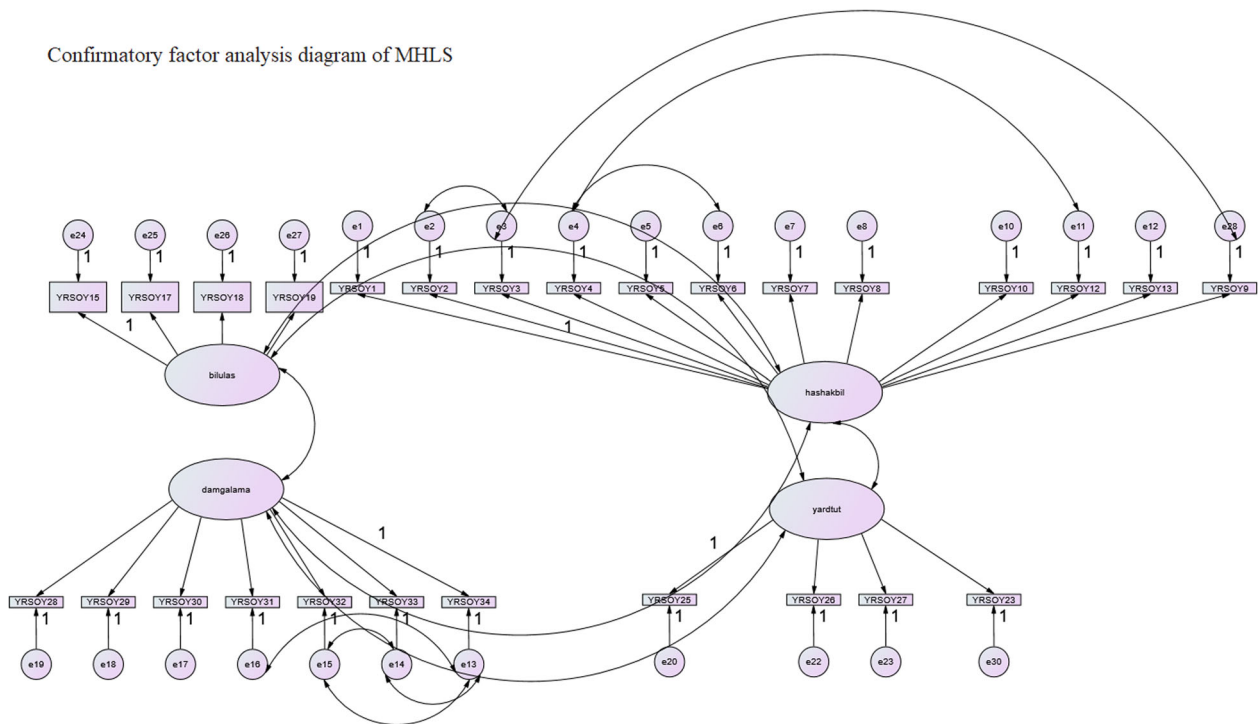


FIGURE 1 Confirmatory factor analysis diagram of Mental Health Literacy Scale (MHLS)

TABLE 2 Participants' general characteristics/variables

Characteristics	n	%
Health situation		
Very good	89	25.8
Good	198	56.3
Moderate	61	17.3
Bad	4	1.1
Mental illness diagnosis/treatment (himself/herself)		
Yes	23	6.5
No	320	90.9
I do not want to answer	9	2.6
Mental illness diagnosis/treatment (relatives)		
Yes	112	31.8
No	240	68.2
Source of information on mental health		
Internet	286	81.3
Health personnel	237	67.3
Newspaper, book, magazine etc.	53	15.1
Social environment (friends, relatives, etc.)	23	6.5

Note: *n folded.

3.2 | Part 2

The mean age of the participants was 41.7 ± 3.92 years (Table 1). Of the participants, 90.9% did not have any mental illness. Nearly 31.8% of the participants had someone with a mental illness (Table 2). In addition, 29.5% of the participants ($n = 104$) had seen a psychiatrist/psychiatric nurse or a psychologist; 96.3% ($n = 339$) may seek help from a professional if they notice any signs of a mental disorder; and 42.3% ($n = 149$) stated that they were literate about mental health.

Participants' average scores for the MHLS, PSOSHS, and ATSPPH-SF were 81.23 ± 8.66 , 51.08 ± 17.30 , and 15.71 ± 3.17 , respectively (Table 3).

While there was a significant positive correlation between the MHLS mean score of the participants and the mean ATSPPH-SF score, there was a significant negative relationship between the MHLS mean score and the average PSOSHS score. No significant correlation was found between the average age and the mean scores of MHLS, ATSPPH-SF, and PSOSHS (Table 4).

Among the participants, it was determined that the MHL levels of women, university graduates and above, those who were diagnosed with any mental illness, those whose relatives were diagnosed with any mental illness, those who had the opportunity to meet health personnel, those who were seeking psychological help, and those who thought they were mental health literate were significantly higher ($p < 0.05$) (Table 5). Participants' characteristics such as perception of health status, income, participation in training and/or seminars on mental health, and access to information on mental

TABLE 3 Participants' MHLS, PSOSHS, and ATSPPH-SF scores

Scales	$\bar{X} \pm SD$	Median	Min-Max
MHLS Total	81.23 ± 8.66	82	53–106
F1. Information about the disease	38.35 ± 4.82	39	19–53
F2. Information about accessing information	11.18 ± 2.07	12	3–15
F3. Attitude towards seeking help	11.99 ± 2.31	12	3–15
F4. Stigmatization towards diseases	22.50 ± 4.99	23	9–37
PSOSHS	51.08 ± 17.30	48	21–101
ATSPPH-SF	15.71 ± 3.17	16	7–30

Abbreviations: ATSPPH-SF, Attitudes Toward Seeking Professional Psychological Help-Shortened Form; MHLS, Mental Health Literacy Scale; PSOSHS, Perceptions of Stigmatization by Others for Seeking Help Scale; SD, standard deviation.

TABLE 4 Correlation distributions of the participants' MHLS, PSOSHS, ATSPPH-SF, and age mean scores

Scales	1	2	3	4
1. MHLS	–			
2. ATSPPH-SF	0.213***	–		
3. PSOSHS	-0.111**	0.234***	–	
4. Age	-0.027*	-0.071*	-0.020*	–

Abbreviations: ATSPPH-SF, Attitudes Toward Seeking Professional Psychological Help-Shortened Form; MHLS, Mental Health Literacy Scale; PSOSHS, Perceptions of Stigmatization by Others for Seeking Help Scale.

* $p > 0.05$; ** $p < 0.05$; *** $p < 0.01$.

health (internet, healthcare personnel, newspaper, etc.) did not affect the MHL levels ($p > 0.05$).

4 | DISCUSSION

4.1 | Mental health literacy levels

In our study, we observed that MHL was at a medium level. Similar to our study findings, a review of the literature demonstrates a dearth of information about mental health diseases in adults (Almusma et al., 2020; Begum et al., 2019; Hurley et al., 2019). In a study conducted by Hurley et al. (2019) with parents who attended a sports club, it was found that the participants' knowledge about mental health was limited. In another study by Almusma et al. (2020) with adults, it was observed that more than half of the participants had insufficient knowledge about mental health and diseases. Our research findings are consistent with those in the literature. The low-to-moderate level of MHL explains disruptions in mental health services

TABLE 5 Correlation between MHLS and variables

Variables	MHLS $\bar{X} \pm SD$	Statistics MWU	<i>p</i>
Gender			
Female	81.85 ± 9.04	Z = -2.216	0.027
Male	79.90 ± 7.64		
Education status			
Primary school graduate	75.84 ± 9.87	KW = 13.815	0.003
Secondary school graduate	80.03 ± 8.56		
High school graduate	80.86 ± 9.29		
University graduate	82.46 ± 7.81		
Psychiatric disease diagnosis/treatment (himself/herself)			
Yes	85.69 ± 6.66	KW = 10.614	0.005
No	81.08 ± 8.65		
I do not want to answer	75.33 ± 9.13		
Meeting with healthcare personnel			
Evet	83.18 ± 7.89	Z = -2.654	0.008
Hayır	80.41 ± 8.85		
Psychiatric disease diagnosis/treatment (relatives)			
Yes	82.57 ± 8.71	Z = -2.007	0.045
No	80.61 ± 8.58		
Request for help			
Yes	81.56 ± 8.48	Z = -3.176	0.001
No	72.69 ± 9.30		
Thinking that mental health literacy			
Yes	83.07 ± 7.96	Z = -3.573	0.001
No	78.74 ± 9.85		

Abbreviations: MHLS, Mental Health Literacy Scale; SD, standard deviation.

(Akdoğan, 2018). In addition, unscientific information and misconceptions in society about mental health can sometimes mislead. In this case, people may find themselves misinformed, thus appearing less literate (Vovou et al., 2020). However, the development of mental health literacy takes time. In light of these perspectives, focusing on mental health literacy becomes critical in terms of the mental health of the community. For this reason, both in the field of education and in the field of mental health policy efforts to improve mental health literacy should be made.

4.2 | Variables affecting mental health literacy in adults

In our research, it was observed that the variables that affect the level of MHL are gender, education level, having a mental illness

diagnosis in oneself or a relative, having an opportunity to talk to healthcare personnel, desire to seek help, and thinking to be mental health literate. In a study by Lee et al. (2019), mental health literacy was found to be higher in women, which is consistent with our findings. There are studies with varying results regarding the relationship between gender and MHL in the literature, and it is thought that this difference arises due to factors specific to Turkish culture (Almusma et al., 2020; Lee et al., 2019).

In our research, we found that people with a high educational status also had high MHL levels. Our finding is consistent with the literature (Almusma et al., 2020; Kim et al., 2017; Lee et al., 2019). It is observed that individuals with higher levels of education are better able to access, understand, and evaluate health-related information.

In our research, we found that MHL levels were higher in individuals who had a mental illness or knew someone who had one. In a study by Pehlivan et al. (2020), mental health literacy was found to be higher in individuals who had a diagnosis of mental illness in themselves or a relative and had been treated. Individuals who themselves have a mental illness or know someone who has one are in a better position to manage the disease-related process (easily understanding health information, fulfilling medical procedures and instructions, easily accessing health services, etc.) (Lee et al., 2019). It is expected that this situation will improve mental health literacy.

4.3 | The relationship between mental health literacy, attitudes toward seeking psychological help, and stigma by the immediate environment

In our research, it was observed that individuals with high MHL levels were found to have a positive attitude toward psychological help-seeking, and their perception of stigma by their immediate environment was lower. In a study by Kim et al. (2020), it was determined that mental health literacy has both direct and indirect effects on attitudes toward help-seeking. In a study by Cheng et al. (2018), it was found that mental health literacy predicts help-seeking attitudes. One of the reasons for negative attitudes toward psychological help-seeking is low mental health literacy. The process of seeking psychological help begins with an individual's recognition and assessment of a mental health problem. After recognizing the problem, the individual needs to express his or her need for help (Jung et al., 2017; Loreto, 2017). This stage may be affected by negative beliefs about mental health; people may feel that mental problems will heal on their own and/or that they can be self-managed. If people are not aware that mental health help is available or are not aware of how to access it, their attitudes toward seeking it may be negatively affected. However, during the stage of expressing the problem and seeking help, individuals face stigma from people with whom they interact the most, namely their immediate environment (Vally et al., 2018). When an individual needs psychological help, he/she may think that he/she will be perceived as "weak" by his/her immediate surroundings and may feed many similar negative beliefs; our research findings related to this situation. Kim et al. (2017) emphasized that individuals may be hesitant to openly accept information and services

related to mental health or seek psychological help, for fear of being stigmatized. According to a study by De Silva et al. (2020), adults have a hard time identifying mental illnesses and feel embarrassed to seek help; in addition, the study found that stigmatization had an impact on seeking psychological help and treatment. According to our research findings, increasing mental health literacy in individuals will lead to the following: they will be more willing and able to seek psychological help when needed, they will not stigmatize their immediate environment, and their perception of stigmatization by their immediate environment will further decrease. The findings of our research corroborate the literature and also confirm our second and third hypotheses.

4.4 | Attitudes toward seeking psychological help and stigma by the immediate environment

In our research, no significant relationship between stigma by the immediate environment and psychological help-seeking was observed. Previous studies have examined the relationship between psychological help-seeking and other forms of stigmatization, other than the stigma by the immediate environment. These studies reveal that when the perception of self-stigma when seeking psychological help decreases, more positive attitudes toward seeking help develop; stigma explains attitudes toward seeking help; and stigma has an indirect effect on attitudes toward seeking help (Cheng et al., 2018; Hantzi et al., 2019; Kim et al., 2020).

Vogel et al. (2009) drew attention to the necessity of distinguishing stigma by the immediate environment from social stigma and self-stigma. This situation has been explained as follows: an individual may be aware that the society they live in stigmatizes seeking psychological help, but they may believe that their immediate environment encourages people seeking such help, in which case he or she may be more willing to seek it. From this point of view, our research aimed to discover if there was any relationship between psychological help-seeking and stigmatization by the immediate environment; however, no significant relationship was found between them. This result is a new finding, and it is thought that cultural factors affect this result. After reviewing the literature, it was discovered that the amount of data based on which we can discuss this finding is quite limited in the existing studies on stigma. Therefore, studies with different samples are required to examine this relationship.

4.5 | Limitations

This study has two limitations: First, only three schools were chosen for the study. Second, the data collection tools that were used were self-reported.

4.6 | Implications for nursing practice

Mental health literacy refers to knowledge and beliefs about how to recognize, prevent, and treat mental illnesses (Loreto, 2017).

However, the general public is little aware of mental disorders, and this might cause treatment delays (Akdoğan, 2018; D'cunha, 2014). Interventions and research are needed to improve MHL as well as to evaluate MHL levels in various sections of society and among various groups. Evaluating MHL and related factors can help develop targeted intervention measures. Nurses play an important role in the development of mental health literacy in society (Tay et al., 2018). Nurses can use the results of this study, as well as other studies, to plan interventions to improve mental health literacy. In addition, interventions on mental health literacy can be an effective way to increase mental health literacy, foster positive attitudes toward seeking psychological help, and reduce stigma. Therefore, it is recommended that nurses expand their mental health literacy interventions to include attitudes toward psychological help-seeking and stigma.

5 | CONCLUSION

It was determined that MHL was moderate in adults, with many different variables affecting the MHL level. It was observed that as MHL level improved, attitudes toward getting psychological help became more positive and stigmatization decreased. The results of this study, as well as further research on the subject, will contribute to the organization of training programs to increase mental health literacy, the development of mental health policies on this issue, and the execution of mental health awareness campaigns, thereby improving mental health outcomes.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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How to cite this article: Doğan, R., Mercan, N., & Coşkun, S. Investigation of the relationship between mental health literacy of adults and attitude towards seeking psychological help and stigma by the immediate environment. *Perspect Psychiatr Care*, 2022;58:1865–1872. <https://doi.org/10.1111/ppc.13000>