

Factors influencing mental health help-seeking behavior among Bangladeshi youth

Md. Taifur Islam* and Kamal Uddin Ahmed Chowdhury

Department of Clinical Psychology, University of Dhaka, Dhaka-1000, Bangladesh

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Abstract

The present study explored the factors that influence help seeking behavior among Bangladeshi youths within the framework of Health Belief Model (HBM). In pursuit of the objective, a cross-sectional design was employed followed by the quantitative method in data collection technique. A total of 220 college and university students, aged between 18 to 26 years ($M = 21.5$, $SD = 2.1$) were the study participants who completed the 'The Bangla Translated Version of Health Belief Scale' (Salleby, 2000), 'The Bangla version of Sherer's General Self - efficacy Scale' (Ilyas 2005), 'The Bangla Version of the Multidimensional Scale of Perceived Social Support' (MSPSS) (Islam, 2021), including 'A 20 items Mental Health Knowledge Checklist' and 'The five items Mental Health Help Seeking Intention Checklist' developed by the researchers. To analyze data, Pearson product moment correlation and multiple regression analyses were conducted. Results showed significant positive moderate relationship between help seeking intention and General Health Motivation ($r = 0.22$, $p < 0.05$), Perceived Severity ($r = 0.29$, $p < 0.001$), Perceived Benefits ($r = 0.31$, $p < 0.001$), Perceived Barriers ($r = 0.25$, $p < 0.001$), and Mental Health Knowledge ($r = 0.31$, $p < 0.001$). Regression analyses claimed Perceived Severity ($\beta = 0.16$, $p < 0.05$), Perceived Benefits ($\beta = 0.20$, $p < 0.05$), Perceived Barriers ($\beta = 0.16$, $p < 0.05$), and Mental Health Knowledge ($\beta = 0.21$, $p < 0.01$) as significant predictors in help seeking behaviors. The findings offer valuable insights for designing targeted interventions and public health campaigns aimed at improving mental health literacy and reducing barriers to care among Bangladeshi youth.

Introduction

The transition from childhood to adulthood is marked by profound psychological, social, and emotional changes. Adolescence and early adulthood, in particular, are critical developmental stages during which individuals shape their identities, establish independence, and make important life decisions. While young people are often regarded as the driving force of a nation's future, they remain highly vulnerable to mental health challenges. Research indicates that the majority of mental health disorders emerge before the age of 24, making early intervention crucial for long-term well-being⁽¹⁾.

* Author for Correspondence: taifur.islam70@gmail.com

In Bangladesh, mental health issues among young adults are becoming increasingly concerning. A national report from 2020 revealed that between March and November, 1,056 individuals died by suicide, with young adults accounting for the majority of cases⁽²⁾. Despite the growing recognition of mental health concerns, young people often lack adequate awareness and remain reluctant to seek professional help⁽³⁾. Stigma, misconceptions, and limited access to mental health services further contribute to this hesitancy.

Understanding the factors that influence help-seeking behavior is essential for designing effective mental health interventions. The Health Belief Model (HBM), a widely used psychological framework, provides valuable insights into the determinants of health-related behaviors, including mental health help-seeking⁽⁴⁾. Previous research suggests that individuals who perceive greater benefits in seeking professional help are more likely to do so, while those facing barriers such as stigma, cost, or lack of trust in healthcare professionals are less inclined to seek support⁽⁵⁾. Moreover, perceived severity of mental health conditions and personal susceptibility to mental illness play a crucial role in shaping help-seeking attitudes.

Despite its relevance, the application of the HBM to mental health help-seeking in Bangladesh remains limited. Given the country's evolving mental health landscape, there is an urgent need to identify key psychological and social factors that influence young adults' willingness to seek professional help. Addressing these factors is vital not only for individual well-being but also for the nation's broader social and economic progress.

This study aims to bridge this gap by examining the key predictors of help-seeking behavior among young adults in Bangladesh using the HBM framework. Specifically, the study explores the impact of five core HBM constructs—perceived severity, perceived susceptibility, perceived benefits, perceived barriers, and health motivation—along with three additional psychosocial variables: self-efficacy, social support, and mental health knowledge. By identifying these predictors, the study seeks to provide valuable insights for policymakers, mental health professionals, and educators in promoting mental health awareness and improving access to psychological support services for young adults.

Materials and Methods

The study included 220 participants aged 18-26 years. This sample size was selected based on both practical considerations and statistical power requirements. In the context of Bangladesh, conducting large-scale psychological surveys can be challenging due to logistical, cultural, and resource constraints. Our sample represents a reasonably diverse group of young adults from various universities and colleges, capturing a broad spectrum of academic disciplines and backgrounds. A G*Power analysis was conducted to determine the adequacy of the sample size for the planned statistical procedures. Results indicated that a sample size of 220 participants would provide sufficient power (≥ 0.80) to detect

medium effect sizes ($f^2 = 0.15$) in multiple regression analyses, in line with established recommendations for behavioral research. The mean age of participants was 21.5 years ($SD = 2.1$), representing the target demographic of emerging adults in Bangladesh. Although the sample may not represent the entire national youth population, it reflects a key subgroup—university-aged young adults—who are particularly vulnerable to mental health concerns. Furthermore, this sample size is consistent with previous psychological and public health studies conducted in the Bangladeshi context, where samples ranging from 200 to 300 participants are commonly considered sufficient for meaningful statistical inference and generalizability within this demographic.

Data were collected on Demographic information and eight independent variables (IVs)/predictors (i.e., the five HBM dimensions, Self-efficacy, social support and mental health knowledge) and one dependent variable (DV)/criterion (Intention to Seek Help) as described below. High scores on each of these scales correspond to high levels of each variable described.

The Health Belief Scale (Salleby) was originally developed in English to assess individuals' beliefs about health behaviors and their impact on health outcomes. The original scale demonstrated strong psychometric properties, including high internal consistency (Cronbach's $\alpha = 0.85$) and good construct validity (Salleby, 2000). For this study, the scale was translated into Bangla using a standardized forward-backward translation process, including expert review and back translation, consistent with cross-cultural adaptation guidelines. Although this version has not yet undergone formal psychometric validation in the target population, the rigorous translation process helps preserve its conceptual accuracy⁽⁶⁾.

The Bangla version (Ilyas 2005) of Sherer's general self-efficacy scale, originally developed to measure general level of beliefs in one's own competence was used⁽⁷⁾. For item number 1,3,6,8,9,13 and 15 respondents got 1 (strongly disagree) to 5 (strongly agree) and for item number 2,4,5,7,10,11,12,14,16 and 17 respondents got 5 (strongly disagree) to 1 (strongly agree) response. The higher the total score in this scale indicates more self-efficacious participants⁽⁸⁾.

The Bangla version (Islam, 2021) of the Multidimensional Scale of Perceived Social Support (MSPSS), originally developed to measure perceived social support from three sources (Family, Friends, and Significant Others), was used⁽⁹⁾. The scale consists of 12 items rated on a 7-point Likert scale, ranging from 1 (Very strongly disagree) to 7 (Very strongly agree). Items 1, 2, 5, and 10 measure support from Significant Others, items 3, 4, 8, and 11 measure support from Family, and items 6, 7, 9, and 12 measure support from Friends. Higher total scores indicate greater perceived social support⁽¹⁰⁾.

A 20 items Mental Health Knowledge Checklist was developed to assess the mental health knowledge of the respondents. The questions explore knowledge about mental disorder and about professional help. Participants rated the extent to which they agreed or

disagreed with the statements along a four-point Likert scale ranging from 'strongly disagree' (0) to 'strongly agree' (3). The higher the total score is, the more mental health knowledge the participants have.

The five items Mental Health Help Seeking Intention Checklist was developed to measure participant's intentions to seek help from professional sources such as a psychiatrist, counsellor or psychologist to address any mental health issues or problems. Participants rated the extent to which they agreed or disagreed with the statements along a five-point Likert scale ranging from 'strongly disagree' (1) to 'strongly agree' (5). The higher the total score is, the more mental health help seeking intention the participants have.

Data were collected between April and May 2019 from a sample of 220 participants aged 17 to 26 years in Dhaka and Chattogram, Bangladesh, using a convenience sampling method. The participants were drawn from a variety of academic backgrounds including science, business, humanities, engineering, and medical fields—ensuring diversity in perspectives regarding mental health. Before data collection, ethical approval was obtained from the Department of Clinical Psychology, University of Dhaka. Three trained research assistants were involved in data collection, having received clear instruction on the purpose, ethics, and process of the study. Participants were approached individually and informed about the study's objectives, confidentiality assurances, and voluntary nature. Written informed consent was obtained prior to participation. Data were collected using structured paper-based questionnaires that measured demographic details, five core Health Belief Model (HBM) constructs, and three psychosocial predictors: self-efficacy, perceived social support, and mental health knowledge. All instruments used in the study—including translated or adapted versions—underwent expert validation and pilot testing to ensure cultural and linguistic appropriateness for the Bangladeshi context.

Results and Discussion

Descriptive statistics and assumptions prior to conducting the main analyses, a series of preliminary tests were run to confirm that the assumptions of multiple regression had been met. The means, standard deviations, alphas and correlations between all variables are included in Tables 1 and 2.

Table 1. Descriptive Statistics of Study Variables

Variable	Mean	SD	Cronbach's α
Intention to Seek Help	18.41	3.24	0.82
General Health Motivation	22.28	3.93	0.76
Perceived Susceptibility	10.18	3.29	0.70
Perceived Severity	20.42	4.63	0.78
Perceived Benefits	15.34	3.86	0.80
Perceived Barriers	12.53	3.07	0.73
Self-Efficacy	56.92	8.79	0.85
Mental Health Knowledge	33.95	8.06	0.77
Social Support	41.91	9.03	0.88

Descriptive statistics (Table 1) indicated that participants' mean scores on the various Health Belief Model (HBM) constructs and psychosocial factors ranged from 10.18 (Perceived Susceptibility) to 56.92 (Self-Efficacy), with acceptable internal consistency reliability for all scales, as demonstrated by Cronbach's α values ranging from 0.70 to 0.88.

Table 2. Correlation Matrix among Study Variables

Variable	1	2	3	4	5	6	7	8	9
1. Intention to Seek Help	1.00	0.22*	0.08	0.29**	0.31**	0.25**	-0.04	0.31**	0.10
2. General Health Motivation		1.00	-0.13*	0.70	0.36**	-0.07	0.05	0.22*	0.13*
3. Perceived Susceptibility			1.00	0.27**	-0.10	0.25**	-0.18*	-0.18*	-0.23**
4. Perceived Severity				1.00	0.36**	0.31**	-0.19*	0.12*	-0.10
5. Perceived Benefits					1.00	0.03	0.09	0.39**	0.15*
6. Perceived Barriers						1.00	-0.11	0.11	0.003
7. Self-Efficacy							1.00	0.14*	0.18*
8. Mental Health Knowledge								1.00	0.10
9. Social Support									1.00

*P < 0.05; **P < 0.001

Pearson correlation coefficients were computed to examine the relationships between the study variables. As summarized in Table 2, intention to seek help was positively correlated with General Health Motivation ($r = 0.22$, $p < 0.05$), Perceived Severity ($r = 0.29$, $p < 0.001$), Perceived Benefits ($r = 0.31$, $p < 0.001$), Perceived Barriers ($r = 0.25$, $p < 0.001$), Mental Health Knowledge ($r = 0.31$, $p < 0.001$) and Social Support ($r = 0.10$). Self-Efficacy showed a slight negative correlation with help-seeking intention ($r = -0.04$). These results suggest that higher perceived severity, benefits, mental health knowledge, and social support are associated with increased help-seeking intention.

Table 3. Standard Multiple Regression Analysis Predicting Help-Seeking Intention

Predictors	B	SE B	β	sr^2
General Health Motivation	0.12	0.054	0.14	0.02
Perceived Susceptibility	0.06	0.067	0.06	0.003
Perceived Severity	0.114*	0.051	0.16*	0.02
Perceived Benefits	0.24*	0.031	0.20*	0.03
Perceived Barriers	0.172*	0.070	0.16*	0.02
Self-Efficacy	-0.008	0.024	-0.02	0.0004
Mental Health Knowledge	0.09**	0.027	0.21**	0.04
Social Support	-0.004	0.023	-0.01	0.0001

$R = 0.49^{***}$; $R^2 = 0.24$

* $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$

A standard multiple regression analysis was conducted to predict intention to seek help based on the eight predictors. The model was statistically significant, $F(8, 211) = 7.553$, $p < 0.001$, accounting for 24% of the variance in help-seeking intention ($R^2 = 0.24$, Adjusted $R^2 = 0.223$). As shown in Table 3, significant positive predictors included Perceived Severity ($\beta = 0.16$, $p < 0.05$), Perceived Benefits ($\beta = 0.20$, $p < 0.05$), Perceived Barriers ($\beta = 0.16$, $p < 0.05$), and Mental Health Knowledge ($\beta = 0.21$, $p < 0.01$). The findings suggest that young adults are more inclined to seek professional mental health support when they perceive mental health issues as serious (high perceived severity), believe that seeking help will lead to positive outcomes (high perceived benefits), and perceive fewer obstacles or challenges to accessing services (low perceived barriers). Mental Health Knowledge uniquely accounted for 4% of the variance in help-seeking intention, followed by Perceived Benefits (3%), and both Perceived Severity and Perceived Barriers (2% each). This highlights the especially important role of mental health awareness and education initiatives in promoting professional help-seeking behaviors in young adult populations.

Table 4. Gender Differences in Key Predictors of Help-Seeking Intention (n = 220)

Variable	Male (n = 114) Mean \pm SD	Female (n = 106) Mean \pm SD	t-value	p-value
Perceived Severity	3.42 \pm 0.71	3.68 \pm 0.66	2.87	.005*
Perceived Benefits	3.59 \pm 0.64	3.78 \pm 0.59	2.19	.030*
Perceived Barriers	2.41 \pm 0.75	2.18 \pm 0.69	-2.27	.024*
Mental Health Knowledge	3.36 \pm 0.68	3.71 \pm 0.63	3.84	<.001***
Help-Seeking Intention	3.49 \pm 0.62	3.72 \pm 0.58	2.79	.006**

*P < 0.05; **P < 0.01; ***P < 0.001

In addition to the overall regression analysis, gender-based comparisons were conducted to examine differences in key predictors of help-seeking behavior. As presented in Table 4, female participants reported significantly higher scores in perceived severity, perceived benefits, mental health knowledge, and intention to seek help. Conversely, males reported higher perceived barriers. These findings suggest that female participants may have a more favorable orientation toward mental health help-seeking.

The findings of this study reveal that young adults are more likely to seek professional help for mental health concerns when they perceive their condition as severe, recognize the benefits of seeking help, and encounter fewer barriers. Additionally, a lack of mental health knowledge was significantly associated with lower help-seeking intentions, underscoring the crucial role of awareness and education in shaping attitudes toward mental health services.

A regression analysis demonstrated that the eight examined factors collectively explained 24% of the variance in help-seeking intention. Among these, mental health knowledge uniquely accounted for 4% of the variance, reinforcing previous research suggesting that increasing awareness and education on mental health conditions can significantly enhance help-seeking behavior. The ability to recognize mental health disorders—without necessarily diagnosing them—has been identified as a key objective in mental health first-aid programs for adolescents⁽¹¹⁾.

Furthermore, perceived benefits emerged as a strong predictor, uniquely accounting for 3% of the variability in help-seeking intention. As expected, individuals who held more positive beliefs about seeking professional support were significantly more likely to do so⁽¹²⁾. This aligns with previous studies that have consistently shown the powerful influence of perceived benefits in motivating young people to seek help. Notably, perceived benefits have been identified as the strongest predictor of help-seeking behavior among individuals experiencing anxiety disorders⁽¹³⁾.

The study also found that perceived severity and perceived barriers each contributed to 2% of the variance in help-seeking intention. Perceived barriers, such as stigma, financial constraints, and accessibility issues, significantly discouraged individuals from seeking help, a finding supported by other studies in the field. Interestingly, research suggests that the nature of perceived barriers, rather than their quantity, plays a more decisive role in determining help-seeking behavior⁽¹⁴⁾. Additionally, some studies indicate that perceived susceptibility and perceived severity within the Health Belief Model (HBM) framework may strongly influence young adults' engagement in preventive mental health services⁽¹⁵⁾. However, general health motivation and perceived susceptibility did not emerge as significant predictors in this study.

Beyond these psychological constructs, demographic and individual differences—such as gender, age, education level, geographic location, and ethnic background—may also shape help-seeking behavior, as reported in previous research. This study was conducted among a relatively young, educated, and urban-based sample in Bangladesh, which may limit the generalizability of the findings to more diverse populations, including those from rural or underprivileged backgrounds.

In addition to the primary regression findings, gender-based comparisons revealed notable differences in predictors of help-seeking behavior. Female participants reported significantly higher levels of perceived severity, perceived benefits, mental health knowledge, and intention to seek help, while male participants reported higher perceived barriers. These findings are consistent with previous research suggesting that females tend to exhibit more favorable attitudes toward seeking psychological help than males^(16,17). It has also been observed that women are generally more open to recognizing emotional distress and accessing support services, whereas men often face social and attitudinal barriers to help-seeking^(18,19). These patterns highlight the need for gender-sensitive awareness and intervention programs that promote mental health support among young men.

Despite these limitations, the study offers important implications for improving mental health awareness and service accessibility among young adults. The findings highlight the critical role of perceived benefits, severity, and barriers in predicting help-seeking intentions. Young individuals are more likely to acknowledge the need for professional support when they understand the potential negative consequences of untreated mental health issues and recognize the advantages of seeking help.

Given these insights, mental health promotion efforts should focus not only on eliminating barriers but also on actively enhancing perceptions of the benefits of professional help. Public health campaigns and intervention programs should emphasize the importance of early detection, accessibility of mental health services, and long-term benefits of seeking professional support. By addressing these key factors, policymakers,

educators, and mental health professionals can develop more effective strategies to encourage young people to seek timely and appropriate mental health care.

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