2025 SICASH MULTICONFERENCE

Psychology International Conference (PSYCIC)

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Predictors of Professional Help-Seeking Intentions in Sri Lankan Young Adults

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Abstract

Despite a noticeable decline in mental health among youth in Sri Lanka, many remain reluctant to seek help from trained professionals. This cross-sectional study applies the theory of planned behaviour to examine the psychological determinants of professional help-seeking intentions among Sri Lankan young adults, with a focus on how its core components—attitudes, subjective norms, and perceived behavioural control—contribute to intention formation. An online questionnaire consisting of the Mental Health Seeking Attitude Scale (MHSAS), Subjective Norms Scale (SNS), Perceived Behavioural Control Scale (PBCS) and Mental Help Seeking Intention Scale (MHSIS) was administered to a predominantly female, English-speaking sample of 155 participants aged between 18 – 35. A hierarchical regression analysis revealed a statistically significant model which accounted for 13.2% of the variance in professional help-seeking intentions among this sample. However, subjective norms failed to account for a significant increase in the variance explained by the model after controlling for attitudes and perceived behavioural control. These findings highlight the importance of targeting attitudes and perceived control in interventions aimed at augmenting professional help-seeking intentions among youth. Authorities should also prioritize culturally tailored mental health campaigns that could empower youth while reducing the stigma around professional support.

Keywords: Theory of planned behaviour, professional help-seeking intentions, Sri Lankan youth, subjective norms, behavioural control

Introduction

Young adults in Sri Lanka face dire consequences because of a hesitancy to obtain help for psychological problems. This group has the highest rate of attempting suicide at least once in their lifetime (Knipe et al., 2018), which may be partly attributable to their reluctance to seek help to overcome their mental health problems. Recent events like the Easter Sunday attacks, the COVID-19 pandemic and the economic crisis have exacerbated mental distress among this age demographic (Matthias & Jayasinghe, 2022). National-level longitudinal and meta-analytic evidence shows that the prevalence of mental health difficulties in the

https://doi.org/10.54389/MAWL2373

island nation has significantly risen from 3.5% during 2018-19 to 8.5% in 2021-22 among the 18-34 age group (Deivanayagam et al., 2024), while approximately 39% of Sri Lanka's young adults experience depression or related symptoms (Alwis et al., 2023).

Despite the burgeoning severity of the situation, the utilization of professional healthcare services to receive relevant psychosocial support has witnessed a deterioration (Deivanayagam et al., 2024). While a myriad of factors could determine a person's professional help-seeking intentions (PHSI), Ajzen's (1985) theory of planned behaviour characterises such intentions to occur mainly due to one's attitudes (A), social norms (SN), and perceived behavioural control (PBC) which can be presented in a linear function as $PHSI = w_A A + w_{SN} SN + w_{PBC} PBC$. Extensive research has been conducted in individualistic Western countries on help-seeking (Adams et al., 2022). However, generalising these findings to the collectivistic Sri Lankan population is difficult. As this theoretical framework is used most frequently in the literature to study help-seeking behaviour among young adults and it has a strong evidence base over the span of half a century (Rickwood & Thomas, 2012), the authors of the present research decided to test the validity of the theory of planned behaviour to understand the degree to which its predictors could explain the help-seeking intentions of Sri Lankan youth to fulfil this research gap. Similarly, this study also critiques the cultural validity of Ajzen (1985) while reiterating the necessity of Sri Lankan health authorities and policymakers to design culturally sensitive, effective interventions to encourage Sri Lankan youth to seek professional help for psychological problems.

Materials and methods

Design

In this cross-sectional study, the predictor variables —namely, help-seeking attitudes, subjective norms, and perceived behavioural control —were measured using scores from the Mental Help-Seeking Attitude Scale (MHSAS), Subjective Norms Scale (SNS), and Perceived Behavioural Control Scale (PBCS), respectively. The dependent variable, professional help-seeking intentions, was measured using Mental Help-Seeking Intention Scale (MHSIS) scores. The following hypothesis was formulated as per the conceptual framework presented in the theory of planned behaviour (Ajzen, 1985, 1991) (Figure 1).

H1: Attitudes toward the behaviour, subjective norms, and perceived behavioural control significantly predict professional help-seeking intentions

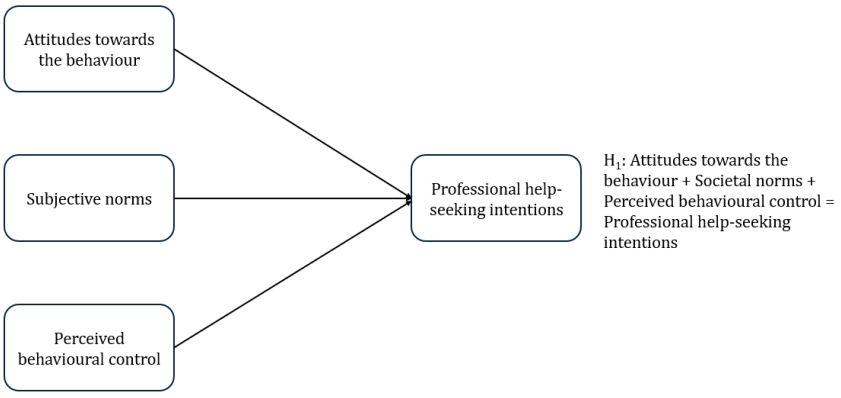

Figure 1: Conceptual framework

H_1 tests the linear function $PHSI = b + \beta_A A + \beta_{SN} SN + \beta_{PBC} PBC + \epsilon$ where β's denote empirically derived weights that indicate the relative importance of help-seeking attitudes (A), subjective norms (SN) and perceived behavioural control (PBC) in determining professional help-seeking intentions (PHSI). b (intercept) is the level of professional help-seeking intentions when the three independent variables are at zero, and ϵ is the error term.

Participants

Although an a priori G*Power analysis for hypothesis testing at a statistical power level of 1−β=.90 for detecting a medium effect (f^2=0.15) at a significance level of α=.05 for three predictors recommended 99 participants, data was collected using non-random sampling from 248 participants to fulfil multiple regression assumptions and account for practical issues one may encounter in online survey assessments such as careless responses and attrition bias. Inclusion criteria were young adults of Sri Lankan nationality between 18 and 35 years of age who were fluent in English. Participant ages ranged from 18 to 35 years (M_{Total} = 22.7, SD_{Total} = 3.62). Of the total sample (N = 155), 80% of the sample consisted of females ($N_{Females}$ = 124). The majority were from the Western Province (N = 69, 44.5%). Further, most participants were undergraduates (N = 118, 76.1%) and unemployed students (N = 107, 69%).

Measures

Demographic data consisting of age, gender, province of residence, employment and education level was collected. The following self-report scales were used to measure the variables of this study considering their reliability and usability across diverse cultures.

Table 1: Psychometric properties of the questionnaires utilized

Scale	Developers	Item type	Score range	Reliability
MHSAS	Hammer et al. (2018)	Semantic differential	0-7	α = 0.90
SNS	Mo & Mak (2009)	Likert	1-7	α = 0.85
PBCS	Mo & Mak (2009)	Likert	1-7	α = 0.90
MHSIS	Hammer & Spiker (2018)	Likert	1-5	α = 0.94

Note. MHSAS – Mental Help-Seeking Attitude Scale, SNS – Subjective Norms Scale, PBCS – Perceived Behavioural Control Scale, MHSIS – Mental Help-Seeking Intention Scale, α – Cronbach's Alpha

Procedure

This study collected data through an online Qualtrics form from 6/12/2024-19/01/2025. The collected data was imported into Excel, cleaned, and analysed using the Statistical Package for Social Sciences (SPSS) and Jamovi. Initially, descriptive statistics were computed. Next, assumptions were tested. Afterwards, hypothesis testing was conducted using hierarchical regression analysis to identify the individual contribution of each predictor towards professional help-seeking intentions. Ethical clearance was provided by the Pro-tem Psychology Ethics Review Panel of the Faculty of Humanities and Sciences at the Sri Lanka Institute of Information Technology.

Results

Descriptive statistics

Initially, 248 participants were recruited, and data was cleaned by removing incomplete responses. Standardized residuals analysis indicated no outliers (*Minimum* = -3.86, *Maximum* = 2.11) based on the minimum and maximum thresholds of -3.29 and 3.29. The final sample contained 155 responses. Descriptive statistics for the variables (Table 2) indicated high levels of positive attitudes towards help-seeking, perceived behavioural control and professional help-seeking intentions. However, subjective norms ratings were more neutral, indicating that they perceived neither positive nor negative attitudes from others regarding help-seeking intentions. Further, regardless of females having higher means in all components except attitudes, independent t-tests revealed no significant gender differences in all variables, $p > .05$.

Shapiro-Wilk tests revealed the non-normality of all variables ($p < .05$). Therefore, Spearman's rho was calculated to assess the relationship between the independent variables. Professional help-seeking intentions had significant moderate positive associations (r = .364, $p < .001$) with attitudes and behavioural control. However, subjective norms and professional help-seeking intentions were not significantly correlated, implying that they do not have a statistically significant relationship.

Table 2: Descriptive statistics and Spearman correlations for variables

Variables	*M*	*SD*	MHSAS	SNS	PBCS	MHSIS
MHSAS	5.32	0.92	-	.172*	.271**	.364**
SNS	4.30	1.07	-	-	.168*	.136
PBCS	5.66	0.97	-	-	-	.339*
MHSIS	4.03	0.86	-	-	-	-

Note.$p < .05$, **$p < .01$, ***$p < .001$; MHSAS – Mental Help-Seeking Attitude Scale, SNS – Subjective Norms Scale, PBCS – Perceived Behavioural Control Scale, MHSIS – Mental Help-Seeking Intention Scale

Assumptions testing

Before conducting regression analyses, the assumptions were tested. Correlations (Table 2) indicated weak to moderate associations between the variables. Examining P-P plots revealed the normality of residuals. Although the scatter plot of standardized residuals revealed slight funnelling, Breusch-Pagan test results indicated the absence of heteroscedasticity ($p > .05$). Absence of multicollinearity ($VIF < 10$) and autocorrelation (*Durbin Watson* = 1.96) was also confirmed.

Inferential statistics

Regression analysis revealed that the overall regression model was significant, F (3, 151) = 7.642, $p < .001$, $R^2 = .132$. This indicated that attitudes, subjective norms and perceived behavioural control statistically significantly predicted professional help-seeking intentions. Therefore, the null hypothesis for H_1 was rejected. According to the β values presented in Table 3, professional help-seeking intentions can be calculated using the following formula: $PHSI = 1.639 + 0.242A + 0.084SN + 0.181PBC$. This implies that having positive attitudes, perceiving others to have positive attitudes, and believing one has the necessary ability and resources to seek formal help increase the intentions to acquire professional help in this sample. Further, the combination of attitudes, subjective norms and perceived behavioural control explained 13.2% of the variability in professional help-seeking intentions.

Hierarchical regression analysis was conducted to test the incremental contribution of each component to the model (Table 3). This resulted in three models: (1) Model 1 predicted professional help-seeking intentions using attitudes, (2) Model 2 added perceived behavioural control, and (3) Model 3 added subjective norms. Model 1 revealed that attitudes significantly accounted for 8.8% of the variance in professional help-seeking intentions, $R^2 = .088$, F (1,153) = 14.705, $p < .001$. Including perceived behavioural control as a predictor in Model 2 significantly increased the variance accounted for to 12.5%, $\Delta R^2 = .037$, F (2,152) = 10.871, $p < .05$. However, the inclusion of subjective norms to the model failed to significantly increase the variance accounted for in professional help-seeking intentions, $\Delta R^2 = .007$, F (3,151) = 7.642 p = .284. This infers that although all three of the theory's components jointly predict professional help-seeking intentions, subjective norms do not uniquely improve the predictability of the model after controlling for attitudes and perceived behavioural control.

Table 3: Hierarchical regression analysis predicting professional help-seeking intentions

Variable	*B*	SE *B*	β	*F*	*p*
Model 1				14.705	<.001***
(Constant)	2.563				
Attitudes	.277	.072	.296		
R^2 for Model 1 = .088					
Model 2				10.871	<.001***
(Constant)	1.806				
Attitudes	.232	.073	.248		
Perceived behavioural control	.176	.069	.199		
ΔR^2 for Model 2 = .037					
Model 3				7.642	<.001***
(Constant)	1.640				
Attitudes	.226	.073	.242		
Perceived behavioural control	.159	.071	.181		
Subjective norms	.068	.063	.084		
ΔR^2 for Model 3 = .007					

Note. *p <.05, **p <.01, ***p <.001

Discussion

Overall, the framework significantly predicted professional help-seeking behaviour. However, the findings only partially support the hypothesis. After predictors were entered stepwise based on the finding of Sheeran (2002), attitudes and perceived behavioural control significantly accounted for a unique proportion of variance in help-seeking intentions. However, subjective norms did not significantly increase the model's predictability beyond the other two variables. Chandrasekara (2016) also revealed similar findings in Sri Lankan undergraduates. While subjective norms do not significantly predict help-seeking intentions in both studies, their inclusion is important to the regression model to consider the core predictors of the framework in this theory-driven study. Overall, these findings imply that attitudes and perceived behavioural control should be given more consideration when designing interventions to promote professional help-seeking behaviour in Sri Lankan young adults. Nevertheless, a key limitation of this study is its focus on intention rather than behaviour. Sheeran (2002) revealed that intention and behaviour have a moderate correlation (r = 0.53), hence intention only accounts for approximately half of the variance

in behaviour. Therefore, designing interventions based on research conducted purely on intentions may not result in the desired behavioural outcomes.

The authors collaborated with other researchers online to distribute the survey among a diverse demographic sample and collect a range of responses to minimise the biases associated with non-random sampling. Despite these measures to improve validity and generalizability, limitations are present in the study's sample and measures. Non-random sampling introduces bias, as the majority of this sample were female, university-educated, and urban-dwelling. These demographic characteristics are associated with the theory's variables (Abesinghe et al., 2023; Augustyniak, 2025; Qiu et al., 2024), consequently limiting generalizability as other population subsets are not appropriately represented. Further, using cross-sectional, self-report measures prevents identifying causality and introduces response bias. Moreover, failing to use measures in Sri Lanka's national languages, Sinhala and Tamil (Jayawickrama & Nawarathna, 2024), limits the sample. Additionally, removing incomplete responses may also skew findings if the data is not missing completely at random, as certain participants (for example, employed young adults) are more prone to skipping questions. Therefore, given this study's methodological constraints and the lack of consensus regarding the factors affecting help-seeking behaviour in Sri Lanka, firm conclusions cannot be drawn until more rigorous research is undertaken.

Conclusion

The current study provides partial support for the theory of planned behaviour model, as subjective norms did not uniquely contribute to account for the variance in professional help-seeking intentions over and above attitudes and perceived behavioural control. This suggests that this component did not significantly influence professional help-seeking intentions in this sample. Researchers, practitioners and policymakers can utilize these findings to design more rigorous future research and create culturally appropriate interventions and strategies based on these factors (particularly attitudes and perceived behavioural control). These interventions will encourage the youth to acquire professional assistance and effectively overcome their mental health problems, thereby improving their psychological well-being.

Acknowledgment

The following research is self-funded and authors declare no conflicts of interest.

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