

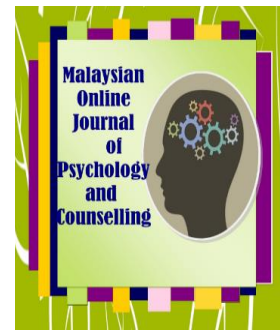
THE CURRENT MENTAL HEALTH LITERACY AMONG UNIVERSITY STUDENTS IN MALAYSIA

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ABSTRACT

As mental health awareness increases, its significance in our daily lives continues to grow. While mental health awareness has been extensively studied in other countries, it remains a relatively underexplored topic in Malaysia. In recent years, the Malaysian government has been actively promoting the importance of maintaining good mental health. Therefore, this study aimed to investigate the level of mental health knowledge in a university student sample. Through a survey of (n=282) of university students at a local university, participants were asked to complete two parts of the Mental Health Knowledge (MHKQ) questionnaire. The first part evaluated participants' general understanding of mental health, and most respondents demonstrated a good grasp of the topic by correctly answering the majority of the questions. In the second part, which focused on mental health awareness days, participants reported a poor understanding. Overall, the majority of participants displayed a satisfactory level of mental health knowledge, with only 20% scoring at the lower end of the scale. The current study has identified a pressing need to enhance the effectiveness of mental health intervention programs, workshops, and activities.

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INTRODUCTION

According to the World Health Organization (WHO, 2007), mental health is defined as a state of complete physical, psychological, and social well-being in which individuals are aware of their abilities, cope with normal life stressors, work productively, and contribute meaningfully to their communities. Mental health is therefore not merely the absence of mental illness but a fundamental component of overall functioning and well-being.

Stress represents a common psychological response to environmental demands and life transitions (Cannon, 1929; Selye, 1956). Although acute stress may enhance adaptation and performance, chronic or unmanaged stress has been associated with adverse psychological and physical outcomes, including anxiety, depressive symptoms, and impaired functioning (Selye, 1956). Therefore, the cumulative nature of daily stressors among young adults may significantly compromise mental well-being if not properly identified and managed. This highlights the importance of preventive psychological competencies, especially mental health literacy (MHL), as a protective factor against mental health deterioration (Angermeyer & Dietrich, 2006).

Mental health literacy is a central construct in mental health promotion, defined by Jorm et al. (1997), and refers to knowledge and beliefs about mental disorders that facilitate their recognition, management, and prevention. It has evolved into a broader framework encompassing the ability to maintain positive mental health, recognise mental disorders, reduce stigma, and effectively seek appropriate help (Kutcher et al., 2016). Thus, MHL is not only knowledge-based but also behaviourally and attitudinally oriented, supporting early identification and timely intervention (Jorm, 2012).

Levels Of Mental Health Literacy Development

MHL development occurs at both the individual and public health levels. At the individual level, MHL is developed through direct educational interventions, such as school- or university-based mental health programmes (Dang et al., 2020). At the public health level, MHL is enhanced through mass campaigns and population-wide mental health promotion strategies that increase exposure and normalise mental health discourse (Dang et al., 2020). Both levels are essential in shaping knowledge acquisition and reducing stigma, particularly among young populations.

Mental Health Literacy in The Malaysian Context

Despite global advancements in mental health promotion, studies consistently report relatively low levels of MHL in Malaysia (Ibrahim et al., 2019; Khan et al., 2010; Yeap & Low, 2009). Malaysian university students have been found to demonstrate limited understanding of mental health conditions and negative attitudes toward help-seeking, with stigma identified as a persistent barrier to accessing professional support (Ibrahim et al., 2019).

These findings may be understood within a socio-cultural framework, where cultural interpretations, traditional values, and religious or supernatural explanations of mental illness shape mental health beliefs. In some communities, mental health conditions may be attributed to spiritual causes such as possession or fate, which reduces the perceived legitimacy of psychological treatment and reinforces help-seeking avoidance (Ng, 2014; Zahid & Ohaeri, 2010). Furthermore, limited culturally sensitive mental health education and uneven service accessibility contribute to persistent knowledge gaps (Shaharom et al., 2020).

Malaysia's multicultural composition further complicates mental health perceptions, as different ethnic groups may hold distinct explanatory models of mental illness. This cultural heterogeneity highlights the need for context-specific empirical evidence to better understand how MHL manifests among Malaysian young adults.

Research Gap

Although previous studies have examined mental health knowledge and attitudes in Malaysia, several gaps remain. Many studies focus on clinical populations or specific disorders rather than general mental health literacy as a multidimensional construct. In addition, there is insufficient empirical evidence on how MHL levels manifest within a culturally diverse Malaysian university context.

Given that most mental health disorders emerge before the age of 24 (Kessler et al., 2005; WHO, 2021), university students represent a critical population for early intervention. This developmental stage is characterised by identity formation, increased autonomy, and exposure to academic and social stressors, all of which may influence mental health knowledge (Eisenberg et al., 2013; Gulliver et al., 2010). However, despite this vulnerability, mental health education and literacy remain insufficiently integrated into university systems.

Aim of the Study

The present study aims to examine the level of mental health literacy among university students in Malaysia, focusing on their mental health knowledge, awareness of mental health issues, and understanding of mental health promotion initiatives.

Research Objectives

Specifically, the study seeks to:

1. To assess the overall level of mental health literacy among Malaysian university students.
2. To examine students' knowledge and awareness of mental health conditions and mental health promotion activities.
3. To identify differences in mental health literacy across gender.
4. To contribute evidence that informs mental health promotion strategies in Malaysian higher education settings.

Hypotheses

Based on the literature and theoretical frameworks, the following hypotheses are proposed:

H1: University students in Malaysia will demonstrate a moderate to low level of mental health literacy.

H2: There will be a significant difference in mental health literacy based on gender.

H3: Students will show higher levels of general mental health knowledge compared to awareness of mental health promotion initiatives.

Significance of the Study

The findings are expected to assess the mental health literacy level among university students in Malaysia and understand the impact of psychoeducational interventions on students. Enhancing MHL among young adults may facilitate earlier recognition of mental health difficulties, reduce stigma, and improve help-seeking intentions, thereby supporting preventive mental health care in higher education settings.

The Theory of Planned Behaviour (Ajzen, 1991) provides a robust framework for understanding how mental health literacy (MHL) influences help-seeking intentions and mental health-related decision-making among university students. According to TPB, behavioural intention is determined by three core components: attitudes toward the behaviour, subjective norms, and perceived behavioural control.

In the context of the present study, mental health literacy functions as a foundational cognitive determinant that shapes all three TPB components. First, students with higher levels of MHL are more likely to develop positive attitudes toward mental health help-seeking, as they are better able to recognise mental health symptoms, understand treatment effectiveness, and view psychological distress as a legitimate health concern rather than a personal weakness. This is particularly relevant in the Malaysian context, where stigma and misconceptions about mental illness (e.g., beliefs related to weakness or supernatural causes) may negatively influence attitudes toward professional psychological support.

Second, MHL is expected to influence subjective norms, which refer to perceived social expectations regarding help-seeking behaviour. In a multicultural Malaysian university environment, cultural beliefs and social stigma may shape whether students perceive help-seeking as socially acceptable. Limited MHL may reinforce stigma-driven norms, where individuals believe that seeking psychological help will lead to negative judgment from peers or family. Conversely, higher MHL can normalise mental health issues and increase perceived social acceptance of professional help-seeking.

Third, perceived behavioural control is closely linked to students' awareness of mental health services and their knowledge of how to access support. As identified in the present study, students demonstrated relatively limited awareness of mental health promotion initiatives and available services. This gap reduces perceived behavioural control, as individuals may feel uncertain about where or how to seek help, even if they recognise the need. In TPB terms, this lack of knowledge functions as a cognitive barrier that weakens behavioural intention.

Overall, within this framework, mental health literacy does not directly represent behaviour but operates as an upstream cognitive resource that shapes beliefs, social perceptions, and perceived capability to act. Consequently, low to moderate MHL levels observed among Malaysian university students may contribute to weaker help-seeking intentions through the combined effects of unfavourable attitudes, stigmatized subjective norms, and reduced perceived behavioural control. This TPB-based interpretation is consistent with previous research indicating that stigma, limited mental health knowledge, and lack of awareness of services are key predictors of delayed or avoided help-seeking among young adults (Eisenberg et al., 2013; Gulliver et al., 2010). In the Malaysian cultural context, where traditional beliefs and social stigma may still influence mental health, these TPB components are likely to be further shaped by cultural norms and interpersonal expectations.

Therefore, improving mental health literacy among university students is theoretically expected to enhance help-seeking intention by strengthening positive attitudes, reducing stigma-based subjective norms, and increasing perceived behavioural control over accessing mental health services.

METHODOLOGY

Research Design

A non-probability convenience sampling technique was employed in this study. Participants were recruited from a local public university in Malaysia based on accessibility and willingness to participate. Convenience sampling was applied in reaching a relatively large student population within a limited timeframe and resources.

To ensure sample relevance to the research objectives, inclusion criteria required participants to be (a) aged 18 years and above, (b) currently enrolled as undergraduate or postgraduate students in a Malaysian university, and (c) able to understand and provide informed consent in either English or Bahasa Malaysia. International students were excluded from the study. This exclusion was made to reduce cultural and linguistic heterogeneity that may influence mental health literacy levels, as international students may be exposed to different educational systems, cultural beliefs, and mental health frameworks, potentially introducing confounding variability in the results.

Procedure of the Study

Before data collection, ethical approval was obtained from the university with the reference code of UKM PP1/111/8/JEP-2021-796. The study adhered to established ethical principles, including voluntary participation, informed consent, confidentiality, and participants' right to withdraw at any time.

Potential participants were invited to participate through an online survey distributed via Google Forms. Before accessing the questionnaire, participants were presented with an Information Sheet that outlined the purpose of the study, study procedures, eligibility criteria, confidentiality measures, potential risks and benefits, and participants' rights. Participants were informed that there were no foreseeable risks associated with participation and that the study would contribute to a better understanding of mental health literacy among university students in Malaysia.

Participation in the study was entirely voluntary. Participants were informed that they could decline participation or withdraw from the study at any time without providing a reason. Electronic informed consent was obtained before participants were allowed to proceed to the questionnaire. By selecting the consent option, participants confirmed that they had read and understood the information provided, had sufficient time to consider participation, and agreed to participate voluntarily.

To ensure anonymity and confidentiality, no personally identifiable information was collected. All responses were recorded anonymously and used solely for research purposes. The collected data were securely stored and accessible only to the researchers. Findings were reported in aggregate form, ensuring that individual participants could not be identified.

The questionnaire was made available in both English and Bahasa Malaysia to accommodate participants' language preferences. The original English version was translated into Bahasa Malaysia and reviewed by a language professional to ensure linguistic accuracy and conceptual equivalence. Participants completed the questionnaire online, which consisted of demographic questions and the Mental Health Knowledge Questionnaire (MHKQ). Data collection continued until the required sample size was achieved.

Instruments/Materials

Mental Health Knowledge Questionnaire (MHKQ). Mental health literacy was assessed using the Mental Health Knowledge Questionnaire (MHKQ), a 20-item self-report instrument developed by the Chinese Ministry of Health (2009). The instrument measures general mental health knowledge and awareness of mental health promotion initiatives. Items 1–16 assess factual knowledge of mental health concepts using a true/false format. Correct responses are assigned one point, while incorrect responses receive zero points. Items 17–20 assess awareness of mental health promotion campaigns and awareness days, with responses scored dichotomously (yes = 1, no = 0). The MHKQ has demonstrated acceptable psychometric properties in previous studies, with reported Cronbach's alpha values ranging from 0.57 to 0.73 (Peng et al., 2011; Zhong et al., 2011; Wang et al., 2013) and a two-week test-retest reliability of 0.68 (Zhong et al., 2011). In the present study, internal consistency reliability was acceptable (Cronbach's $\alpha = 0.61$), indicating satisfactory reliability for exploratory research.

Data Analysis

Data were exported from Google Forms and analysed using IBM SPSS Statistics. Before analysis, data were screened for completeness, and no missing data were identified due to mandatory response settings in the survey platform.

Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to summarise demographic characteristics and overall mental health literacy levels. Inferential analyses were conducted to examine group differences. Independent samples t-tests were used to compare mental health literacy scores across gender, while one-way analysis of variance (ANOVA) was employed to examine differences based on educational level. A significance level of $p < .05$ was adopted for all statistical tests.

RESULT

A total of 282 university students participated in the study, including 204 females (72.3%) and 78 males (27.7%), aged between 17 and 28 years ($M = 19.02$, $SD = 1.23$). Most participants were of Chinese ethnicity ($n = 261$, 92.6%), followed by Indian ($n = 15$, 5.3%) and Malay ($n = 6$, 2.1%). In terms of education level, 61.7% were from senior high school, 37.2% were undergraduates, and 1.1% were postgraduates. See Table 1 for the full demographic breakdown.

Table 1
Demographic Data

<i>Variable</i>	<i>N</i>	<i>%</i>
Gender		
Male	78	27.7
Female	204	72.3
Age		
17-20	222	78.7
21-24	57	20.2
25-28	3	1.1
Education background		
Senior high school	174	61.7
College degree/undergraduate	105	37.2

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Postgraduate	3	1.1
Race		
Chinese	261	92.6
Malay	15	5.3
Indian	6	2.1

Gender Comparison

An independent samples *t*-test was conducted to examine gender differences in mental health literacy scores between male and female students. The results revealed that male students ($M = 14.81$, $SD = 2.10$) scored significantly higher than female students ($M = 13.98$, $SD = 2.26$), $t(280) = 2.76$, $p = .006$, $d = 0.39$, indicating a statistically significant difference with a small to medium effect size.

Age Group Differences

A one-way ANOVA was conducted to compare Mental Health Knowledge Questionnaire (MHKQ) scores across different age groups (17–20, 21–24, 25–28). The analysis indicated no statistically significant differences among the groups, $F(2, 279) = 1.84$, $p = .16$, suggesting that age did not significantly influence mental health literacy within this sample.

Another data analysis was conducted by using Pearson correlation to examine the relationship between total Mental Health Knowledge Questionnaire (MHKQ) scores and age. The results revealed a small positive correlation, $r(282) = .11$, $p = .056$. Although this suggests a slight trend toward higher mental health literacy with increasing age, the association did not reach statistical significance.

Education Level Differences

A one-way analysis of variance (ANOVA) was conducted to examine differences in mental health literacy scores across educational levels—senior high school ($M = 13.97$, $SD = 2.33$), undergraduate ($M = 14.42$, $SD = 2.08$), and postgraduate ($M = 15.00$, $SD = 1.00$). The results revealed no statistically significant differences among the groups, $F(2, 279) = 2.54$, $p = .08$, although a trend toward higher scores among postgraduate students was observed.

Ethnicity Comparison

Due to the uneven distribution of ethnicity (Chinese = 92.6%), a chi-square analysis was not appropriate. Further statistical comparisons by ethnicity were excluded due to small group sizes, which could compromise the validity of inferential tests.

Mental Health Knowledge Questionnaire (MHKQ)

Participants completed the Mental Health Knowledge Questionnaire (MHKQ), with 20 items assessing general knowledge and awareness of mental health. Items 1–16 were scored based on correct (1) or incorrect (0) responses, yielding a maximum knowledge score of 16. Items 17–20 assessed awareness of specific mental health awareness days, with a maximum score of 4. The total MHKQ score thus ranged from 0 to 20. The overall mean MHKQ score for the sample was $M = 14.21$, $SD = 2.23$, indicating a moderate level of mental health literacy among the participants.

In this current research, 80.9% of males answered the first 16 items correctly, and 62.5% of males were aware of mental health promotion activities. On the other hand, only 78.39% of females provided correct responses for the first 16 items, and their awareness of mental health promotion activities was relatively low at 51.04%, compared to males. It is observed that male students

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demonstrated higher mental health literacy than females. The rates of correct responses are presented in Table 2.

Table 2

Results

The correct responses rate of MHKQ (n=282)

No.	Item	n	Percentage of correct responses
1	Mental health is a component of health.	282	100%
2	Mental disorders are caused by incorrect thinking.	108	38.3%
3	Many people have mental problems but do not realise it.	282	100%
4	All mental disorders are caused by external stressors.	150	53.2%
5	Components of mental health include normal intelligence, stable mood, a positive attitude, quality interpersonal relationships and adaptability.	270	95.7%
6	Most mental disorders cannot be cured.	198	70.2%
7	Psychological or psychiatric services should be sought if one suspects the presence of psychological problems or a mental disorder.	276	97.9%
8	Psychological problems can occur at almost any age.	279	98.9%
9	Mental disorders and psychological problems cannot be prevented.	186	66%
10	Even for severe mental disorders (e.g., schizophrenia), medications should be taken for a given period of time only; there is no need to take them for a long time.	153	54.3%
11	Positive attitudes, good interpersonal relationships and a healthy lifestyle can help maintain mental health.	282	100%
12	Individuals with a family history of mental disorders are at a higher risk for psychological problems and mental disorders.	240	85.1%
13	Psychological problems in adolescents do not influence academic grades.	231	81.9%
14	Middle-aged or elderly individuals are unlikely to develop psychological problems and mental disorders.	246	76.6%
15	Individuals with a bad temperament are more likely to have mental problems.	192	68.1%
16	Mental problems or disorders may occur when an individual is under psychological stress or facing major life events.	270	95.7%
17	Have you heard about World Mental Health Day?	186	66%
18	Have you heard about the International Day against Drug Abuse and Illicit Trafficking?	102	36.2%
19	Have you heard about the World Suicide Prevention Day?	159	56.4%
20	Have you heard about World Sleep Day?	105	37.2%

In the first 16 true-or-false questions, all participants provided correct answers for items 1, 3, and 11. This indicates unanimous agreement among the subjects that mental health is an essential aspect of overall health, and positive attitudes, good interpersonal relationships, and a healthy lifestyle

contribute to maintaining mental well-being. Moreover, the results reveal that students acknowledged the presence of mental health issues in many individuals who might not recognize them.

However, for the other items, it becomes evident that the participants lack awareness regarding factors influencing mental health and the available treatments. For instance, only 38.3% answered item 2 correctly, suggesting that a significant proportion of the participants are not well-informed about the definition and causes of mental disorders. In item 4, only 150 subjects (53.2%) answered correctly, while the remaining respondents incorrectly agreed that external stressors solely cause all mental disorders. Conversely, item 5 received a correct response from 270 subjects (95.7%), indicating their agreement on the components of mental health, such as normal intelligence, stable mood, positive attitude, quality interpersonal relationships, and adaptability.

Item 7 received a high percentage of correct responses (97.9%, $n=276$), demonstrating that the majority would seek help from mental health professionals if someone were suspected of having psychological issues. Similarly, item 8 received a 98.9% correct response rate (279 participants), indicating that the subjects believed psychological problems can occur at any age. However, items 9 and 10 had lower correct response rates, with 186 (66%) and 154 (54.3%) participants answering correctly, respectively.

Moving on to items 12 to 14, over 200 participants answered each statement correctly, with 240 (85.1%), 231 (81.9%), and 246 (76.6%) participants, respectively. These responses highlight varied perspectives among the subjects concerning mental disorders, with misconceptions about what constitutes a mental disorder, its causes, those affected, and the treatment processes. Item 15 saw only 192 participants answering correctly, while item 16 had 270 participants giving the correct response.

Regarding items 17 to 20, the results indicate that most participants have limited awareness of mental health awareness days. The awareness rate for World Mental Health Day was recorded at 66%, International Day against Drug Abuse and Illicit Drug Trafficking at 36.2%, World Suicide Prevention Day at 56.4%, and World Sleep Day at only 37.2%. These findings suggest that while most subjects were familiar with World Mental Health Day, their awareness of the other listed awareness days was notably lower, with only 48.95% being aware of the activities related to items 17-20.

Correct response rates for individual items on the Mental Health Knowledge Questionnaire (MHKQ) varied notably across the sample. The items with the highest accuracy were Item 1 ("Mental health is a component of health"), Item 3 ("Many people have mental problems but do not realise it"), and Item 11 ("Positive attitudes, good interpersonal relationships, and a healthy lifestyle can help maintain mental health"), each of which was answered correctly by 100% of participants. In contrast, the lowest accuracy rates were observed for Item 2 ("Mental disorders are caused by incorrect thinking") at 38.3%, Item 18 ("Have you heard of the International Day Against Drug Abuse and Illicit Trafficking?") at 36.2%, and Item 20 ("Have you heard of World Sleep Day?") at 37.2%. These results indicate that while students demonstrate strong understanding of general mental health concepts, there are notable gaps in their knowledge related to the causes of mental disorders and awareness of mental health-related campaigns and observances.

DISCUSSION

The present study extends the literature on mental health literacy (MHL) by examining the level of general mental health knowledge, awareness of mental health promotion initiatives, and recognition of mental health issues among university students in Malaysia. Unlike previous research that has largely concentrated on specific disorders such as depression (Reavley et al., 2011) or samples with prior personal exposure to mental health conditions (Gorczynski et al., 2017), the current findings provide a broader and more ecologically relevant understanding of MHL within a general student population. This broader scope is important, as general MHL is considered a foundational determinant of early identification, help-seeking intentions, and stigma reduction.

A key finding is that although students demonstrate a basic conceptual understanding of mental health, their awareness of mental health promotion initiatives remains limited. From a psychological perspective, this pattern may reflect differences between semantic knowledge acquisition and applied health knowledge integration. While students may acquire mental health concepts through academic exposure or media, this knowledge does not necessarily translate into awareness of public health campaigns or available services. The limited awareness of mental health promotion activities may therefore reflect insufficient environmental cues within the Malaysian university context, where mental health messaging may not be sufficiently visible, repeated, or embedded into students' daily experiences.

In comparison with Reavley et al. (2011), who reported relatively strong recognition of depressive symptoms and favourable attitudes toward intervention, the current findings suggest that Malaysian students may have narrower or less integrated mental health knowledge. This discrepancy may be partly explained by contextual differences in mental health education systems and the extent of institutionalised mental health promotion. Similarly, Gorczynski et al. (2017) emphasised the role of prior exposure in enhancing MHL, which supports the interpretation that experiential learning—rather than formal education alone—plays a crucial role in consolidating mental health understanding.

The findings are also consistent with Syarifard et al. (2015), who reported low MHL and inconsistent mental health attitudes among university students. However, the present study extends this work by demonstrating that MHL gaps are not limited to symptom recognition but also include limited awareness of mental health systems, initiatives, and preventive frameworks. This suggests that MHL should be conceptualised not only as knowledge of disorders but as a multidimensional construct involving recognition, resource awareness, and help-seeking behaviour.

Within the Malaysian context, cultural and social factors may further shape MHL development. Malaysia's multicultural composition may influence how mental health is conceptualised, discussed, and internalised across different ethnic groups. From a social constructivist perspective, mental health understanding is shaped by culturally mediated beliefs, interpersonal communication patterns, and normative stigma. Consequently, stigma may function as a cognitive barrier that limits attention to or engagement with mental health promotion messages, thereby reducing awareness even when general knowledge exists (Ibrahim et al., 2019; Yeap & Low, 2009).

The observed gender difference, where male students demonstrated higher MHL scores than female students, contrasts with much of the existing literature reporting higher MHL among females (Furnham & Swami, 2018). This divergence may reflect culturally specific gender norms in Malaysia,

where emotional expression, help-seeking behaviour, and engagement with mental health information may differ between genders. Male students in this context may have greater exposure to structured information channels (e.g., academic or technical environments), whereas female students may experience different socialisation patterns that influence access to or interpretation of mental health information. However, this interpretation remains tentative and warrants further investigation.

Overall, the findings highlight that MHL among Malaysian university students is characterised by partial knowledge and limited system-level awareness, rather than a complete absence of understanding. This pattern suggests that interventions should move beyond symptom education to include structural literacy, such as how to access services, understand available mental health resources, and recognise institutional support pathways. From a counselling psychology perspective, this has direct implications for early intervention frameworks, where improving MHL may function as a preventive mechanism to enhance help-seeking intentions and reduce treatment delay.

Future research should further explore the psychological mechanisms underlying MHL development, including the roles of stigma internalisation, cultural belief systems, and exposure to mental health discourse. Longitudinal and mixed-method approaches would also be valuable in capturing how MHL evolves and how educational or institutional interventions influence behavioural outcomes in real-world settings.

LIMITATIONS

The MHKQ assesses general mental health knowledge but does not specifically measure understanding of some disorders such as depression, anxiety, or schizophrenia, which have been the focus of other mental health literacy studies (Reavley et al., 2011; Wang et al., 2013). The study was conducted in a single local university in Selangor and used a convenience sampling method. The sample was predominantly Chinese, limiting the generalizability of the findings to the broader population of university students in Malaysia. Although the MHKQ demonstrated acceptable internal consistency in this study ($\alpha = .61$), the instrument's relatively low reliability in previous studies may limit the strength of the conclusions drawn from it.

CONCLUSION

This study provides empirical evidence on the level of mental health literacy (MHL) among university students in Malaysia, addressing a critical gap in mental health awareness promotion. The findings highlight that MHL remains an important area of concern within this population, particularly in relation to students' recognition of mental health problems, understanding of help-seeking pathways, and attitudes toward professional psychological support. These outcomes underscore the relevance of mental health literacy as a foundational construct in promoting early identification and appropriate help-seeking behaviour among young adults in higher education settings.

From a psychological and counselling perspective, the results reinforce the need for structured, developmentally appropriate mental health psychoeducation within universities. Counselling services in higher education institutions may benefit from integrating MHL enhancement strategies into existing student support systems, including orientation programmes, preventive mental health workshops, and peer-led interventions. Such initiatives are essential in addressing stigma-related

barriers and strengthening students' readiness to access professional mental health services when needed.

In addition, the findings suggest that MHL is influenced by broader socio-educational contexts, indicating the importance of involving key stakeholders such as educators and family systems in mental health promotion efforts. Future research should extend this work by employing mixed-methods or longitudinal designs to further examine determinants of MHL and evaluate the effectiveness of campus-based mental health literacy interventions within the Malaysian context. Such evidence is necessary to inform policy development and to strengthen mental health promotion strategies in higher education institutions.

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