

Assessing mental health literacy and associated factors among first-year undergraduates at University of Colombo

M G M Mafaz, P De Silva, C U Suraweera, H M N Wijerathna, W D S M Abeysekara

Abstract

Background

Mental health literacy is “knowledge and beliefs of mental disorders which aid their recognition, management, or prevention”. It is one of the major determinants of mental health. So far, no studies have been conducted to assess all attributes of mental health literacy in Sri Lanka. Assessing mental health literacy and associated factors will improve awareness about treatment and reduce stigma.

Objectives and method

The objective of the study was to describe mental health literacy and related factors among first-year undergraduates at a state university in Sri Lanka.

A cross-sectional descriptive study was carried out among 420 first-year undergraduates at the University of Colombo using cluster sampling. Participants completed a 35-item culturally validated Mental Health Literacy Scale (MHLS) in Sinhala (MHLS-S) and Tamil (MHLS-T) to assess mental health literacy. Descriptive statistics were employed to examine the participants' socio-demographic details and to gauge their general perceptions of mental health. T-test and one-way ANOVA were utilised to analyse the associations between categorical variables and mental health literacy.

Results

The Mean Mental Health Literacy (MHL) of the study population was 110.15. Students from the Faculty of Medicine had the highest mean MHL of 117.43, while the lowest mean MHL (101.93) was observed in students from the Sri Palee campus, which offers undergraduate programmes in the arts stream. MHL is positively correlated with help-seeking behaviour; those who would seek help scored 112.09, whereas those who would not scored 105.47. Fifteen per cent of the students believed that unscientific treatment

methods are effective for mental illness. Ten point five per cent of students believed that there is no treatment for mental illness. Students who would approach a mental health professional if they encountered a mental health problem showed significantly higher mean MHL ($p=0.000$). A positive correlation was found between MHL and attitudes. Students who learned about mental health solely through the media demonstrated a lower mean MHL (107.6). Students from Batticaloa district had the highest mean MHL of 123.63, while students from Hambantota district had the lowest at 95.75. Vavuniya, Batticaloa, and Mannar districts scored highly across different attributes. Statistically significant differences were observed in the mean scores of all six attributes among students from various districts and faculties. Students from the Sri Palee campus showed a notable difference in mean attitude score (47.73) compared to the Faculty of Medicine (57.27) ($p=0.004$), indicating differences in attitudes towards mental illness and mentally ill patients.

Conclusion

The study revealed a high overall Mental Health Literacy (MHL) among undergraduates at the University of Colombo. Demographic factors such as age, gender, and academic affiliation showed limited influence. Personal or family mental health history, sources of knowledge, approaching a mental health professional, and beliefs in the efficacy of treatment had significant effects on MHL. MHL was positively associated with help-seeking behaviours and attitudes. Regional and academic differences also indicate that targeted interventions and educational strategies could be effective in improving mental health literacy within specific groups.

Keywords: mental health literacy, associated factors, university students

SL J Psychiatry 2026; 17(1): 13-24

1. Introduction

Mental health literacy is defined as, “knowledge and beliefs of mental disorders which aid their recognition, management or prevention” (Jorm et al., 1997). However, it is much more comprehensive than the definition suggests, including components such as recognising mental illness, knowing how to find mental health information, understanding risk factors, causes of mental illness, and awareness of available professional help, as well as attitudes that encourage appropriate help-seeking. One of the major determinants of mental health is mental health literacy.

A review of mental health literacy in developing countries reveals that knowledge about mental illnesses and available treatment options is limited compared to that for medical illnesses in these countries (Ganasen et al., 2008). A national survey conducted in the UK in 2015 found that 78% of students experienced some form of mental health problem in the previous academic year (Gorczynski et al., 2017).

There are few prior studies on mental health literacy in Sri Lanka. All these studies have evaluated mental health literacy concerning mental illnesses. So far, no research has been carried out to assess all facets of mental health literacy in Sri Lanka.

Some common issues faced by many countries are poor accessibility to high-quality psychiatric care services, poor mental health literacy and low priority to mental health by policymakers (Kathriarachchi et al., 2019). In the Sri Lankan context, poor mental health literacy and stigma are two major challenges faced by mental health professionals in terms of reducing the treatment gap (Kathriarachchi et al., 2019).

Research shows that university students exhibit a great deal of vulnerability to experiencing mental health problems (Storrie, Ahern and Tuckett, 2010). Stressors such as changes in life circumstances, academic burdens, and difficulty adapting to the environment and separation from loved ones cause psychological stress. These stressors can put vulnerable students at high risk. Evidence suggests that around 10% of undergraduates in Sri Lanka were found to be positive for major depression (Amarasuriya, Jorm and Reavley, 2015), yet many students do not seek mental health assistance (Michael et al., 2006). However, undergraduates who have the knowledge to recognise depression show better treatment options and actions (Wright et al., 2007). The above studies demonstrate the absolute necessity of improving mental health literacy among university students.

University students lack adequate mental health literacy skills to recognise mental health issues and seek

appropriate help (Hunt and Eisenberg, 2010). They are the future workforce of the country. Therefore, improving their mental health literacy and empowering them will help them identify mental health issues as early as possible and pay more attention to the population's mental health status when they become leaders, administrators, and policymakers one day.

Hence, the objectives of this study are (1) to assess mental health literacy among first-year students at the University of Colombo using culturally adapted and translated Mental Health Literacy Scale Sinhala and Tamil (MHLS-S and MHLS-T), and (2) to describe the factors associated with mental health literacy among students at the University of Colombo.

2. Methods

2.1 Study design

Descriptive cross-sectional study.

2.2 Study population, setting and sample size

All first-year students of faculties at the University of Colombo were considered the study population. Students who repeated the first-year exam and remained in the first academic year, as well as foreign students, were excluded.

The calculated sample size was 422.

2.3 Sampling technique

Cluster sampling.

2.4 Recruitment of participants for the study

Approval from the Vice Chancellor of the University of Colombo, Sri Lanka was obtained for data collection.

The study period was from 01/06/2022 to 31/12/2022.

2.5 Study instruments

The consented participants were administered.

- a. Part 1-Socio-demographic data
This part includes gender, age, place of residence, faculty/school, previous or current diagnosis of mental health problem, family history of mental health problem, and source of knowledge.
- b. MHLS-S and MHLS-T
35-item questionnaire. Items 1-10 assess knowledge of mental health literacy, items 11-19 determine help-seeking, and items 20-35 evaluate attitudes towards mental health.
Minimum score- 35
Maximum score- 160

2.6 Data analysis

IBM-SPSS 22.0 (Statistical Package for Social Sciences) program was used for data analysis. Descriptive statistics were used to examine the participants' socio-demographic information and determine their general mental health perceptions and mental health literacy levels. T-tests and one-way ANOVA were used to examine the associations between categorical variables and mental

health literacy. A P value of 0.05 was applied to determine the significance.

Results

A total number of 420 students from the University of Colombo participated in this study. The descriptive findings of the research group are presented in Table 1.

Table 1. Descriptive findings of the study group			
Variables		N	%
Age	20	127	30.2
	21	202	48.1
	22	53	12.6
	23	32	7.6
	24	2	0.5
	25	4	1.0
Gender	Female	292	69.5
	Male	128	30.5
Residence (district)	Colombo	139	33.1
	Gampaha	51	12.1
	Kalutara	29	6.9
	Ratnapura	28	6.7
	Matara	27	6.4
	Kurunegala	22	5.2
	Galle	19	4.5
	Anuradhapura	17	4.0
	Kandy	17	4.0
	Jaffna	10	2.4
	Moneragala	10	2.4
	Polonnaruwa	9	2.1
	Batticaloa	8	1.9
	Hambantota	8	1.9
	Puttalam	7	1.7
	Ampara	6	1.4
	Mannar	4	1.0
	Trincomalee	3	0.7
	Vavuniya	3	0.7
	Kegalle	2	0.5

(Continued)

Variables		N	%
Faculty/School	Management and Finance	90	21.4
	Arts	81	19.3
	Science	70	16.7
	Law	40	9.5
	Computing	40	9.5
	Sri Palee campus	30	7.1
	Medicine	30	7.1
	Technology	29	6.9
	Nursing	10	2.4
Previous/current diagnosis of mental health problem	No	398	94.8
	Yes	22	5.2
Any family member suffering from mental health problem	No	397	94.5
	Yes	23	5.5
Total		420	100

The age of the participants ranged from 20-25 with a mean age of 21.03 years (SD 0.964). 69.5% of the participants were female, 33.1% of participants were residents of Colombo district 21.4% of participants were from Faculty of Management and Finance. 94.8% of the research group responded “No” to the question “having previous/current diagnosis of mental health problem” and 94.5% of research group answered “No” to the question “having any family member suffering from mental health problem”.

Descriptive findings of the multiple response questions regarding the source of knowledge regarding mental

health, impression on treatment modalities and mode of seeking help are presented in Table 2.

The mean total mental health literacy of the study population was 110.15 (SE 0.7, SD 14.36). It was seen that females and males had had MHLs of 109.64 and 111.32, respectively. However, there was no significant difference in the mean MHL of both genders ($p=0.244$). Students aged 22 and 24 show a higher mean MHL of 114.58 and 114.50, respectively. Students aged 25 show a mean MHL of 80.00 and they significantly differ from all other age groups. There is a significant difference seen in the MHL of ages 22 and 23.

Table 2. Descriptive findings of the multiple response questions

Variables		N	%
How do you know about mental health	Media	346	82.4
	Healthcare professional	133	31.7
	Friend	103	24.5
	Family member	102	24.3
	Internet	12	2.9
	Academics	8	1.9
	None	8	1.9
	Yes	376	89.5

(Continued)

Variables		N	%
Do you think that there is effective treatment available for mental illness If yes, what are the treatments	No	44	10.5
	Counselling	308	73.3
	Psychotherapy	276	65.7
	Medications	249	59.3
	Traditional	66	15.7
	Ayurvedic	63	15.0
	Hypnosis	47	11.2
	No treatment	44	10.5
Who would you approach if you have a mental health issue	Counsellor	217	51.7
	Family	182	43.3
	Friend	174	41.4
	Psychiatrist	149	35.5
	Psychologist	148	35.2
	Media	20	4.8
	Priests	2	0.5
	None	12	2.9

There is a statistically significant difference seen in the mean MHL of various districts ($p=0.000$), as in Table 3, students from Batticaloa district ($n=8$) show the highest mean MHL of 123.63, and students from Hambantota district show the lowest mean MHL of 95.75.

Table 3. District wise distribution of MHL								
District	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Batticaloa	8	123.63	29.500	10.430	98.96	148.29	88	145
Vavuniya	3	120.00	7.550	4.359	101.25	138.75	113	128
Kandy	17	116.65	17.607	4.270	107.59	125.70	89	136
Mannar	4	116.00	0.000	0.000	116.00	116.00	116	116
Kalutara	29	115.41	14.108	2.620	110.05	120.78	86	143
Kegalle	2	113.50	13.435	9.500	-7.21	234.21	104	123
Galle	19	112.32	11.294	2.591	106.87	117.76	88	138
Colombo	139	112.28	12.610	1.070	110.17	114.40	87	142
Badulla	1	112.00					112	112

(Continued)

District	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Gampaha	51	111.80	18.726	2.622	106.54	117.07	80	146
Anuradhapura	17	110.65	9.447	2.291	105.79	115.50	96	127
Ampara	6	109.33	15.832	6.464	92.72	125.95	89	122
Moneragala	10	108.90	9.422	2.979	102.16	115.64	100	135
Matara	27	105.22	11.291	2.173	100.76	109.69	85	130
Polonnaruwa	9	104.56	10.345	3.448	96.60	112.51	89	118
Ratnapura	28	104.43	12.509	2.364	99.58	109.28	82	137
Trincomalee	3	103.67	6.351	3.667	87.89	119.44	100	111
Jaffna	10	101.10	9.386	2.968	94.39	107.81	93	123
Puttalam	7	101.00	9.644	3.645	92.08	109.92	91	113
Kurunegala	22	100.55	10.940	2.332	95.69	105.40	84	130
Hambantota	8	95.75	5.600	1.980	91.07	100.43	89	100
Total	420	110.15	14.336	.700	108.78	111.53	80	146

As shown in Table 4, students from the Faculty of Medicine have the highest mean MHL of 117.43, while the lowest mean MHL (101.93) is observed in students from the Sri Palee campus. Meanwhile, students from Sri Palee campus, Faculty of Law, and Faculty of Technology show a significant difference in mean MHL when compared to Faculty of Medicine ($p=0.001$, $p=0.002$, $p=0.027$) and Faculty of Science ($p=0.000$, $p=0.000$, $p=0.14$).

Table 4. Faculty wise distribution of MHL								
Faculty	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Medicine	30	117.43	10.210	1.864	113.62	121.25	93	141
Science	70	116.23	13.144	1.571	113.09	119.36	88	146
Computing	40	110.28	17.575	2.779	104.65	115.90	88	146
Arts	81	110.23	16.504	1.834	106.59	113.88	84	145
Management and Finance	90	109.84	10.749	1.133	107.59	112.10	95	136
Nursing	10	109.60	12.791	4.045	100.45	118.75	97	142
Technology	29	105.52	12.055	2.239	100.93	110.10	84	138
Law	40	104.13	11.076	1.751	100.58	107.67	85	125
Sri Palee Campus	30	101.93	17.056	3.114	95.56	108.30	80	132
Total	420	110.15	14.336	.700	108.78	111.53	80	146

Students with a previous or current diagnosis of mental health problems have a mean MHL of 115.86, while those without such a diagnosis have a mean MHL of 109.84. However, there is no statistically significant difference between the two groups ($p=0.055$).

There is a significant difference observed between the mean MHL of students who have a family member suffering from a mental health problem (117.65) and those who do not have such a family member (109.72) ($p=0.01$).

Students who acquired knowledge about mental health from healthcare professionals have a significantly higher mean MHL of 114.60 compared to students who did not gain such knowledge from healthcare professionals (mean MHL 108.09) ($p=0.000$). Meanwhile, students who learnt about mental health only through media show a mean MHL of 107.6 in contrast to others who have a mean MHL of 112.70 ($p=0.000$).

Students who believe effective treatment exists for mental illness have a higher mean MHL of 110.80 compared to students who do not believe so, with a mean MHL of 104.61 ($p=0.007$). Additionally, those who think medication is an effective treatment method show a significantly higher mean MHL of 112.91 compared to students who do not consider medication an effective option, with a mean MHL of 106.14 ($p=0.000$).

Students who would approach a psychiatrist if they encounter a mental health problem have a mean MHL of 113.34, which is significantly higher than students who would not approach a psychiatrist (mean MHL 108.4) ($p=0.001$). Similarly, students who would seek help from a mental health professional such as a psychiatrist, psychologist, or counsellor show a significantly higher mean MHL (112.09) compared to those who would not approach any of them (105.47) ($p=0.000$).

The six attributes of the mental health literacy scale questionnaire and their mean scores are shown in Table 5.

The distribution of mean scores of attributes among females and males is presented in Table 6. However, a statistically significant difference is observed only in "Recognition of disorders," "Knowledge on risk factors – gender," and in "Knowledge of professional help available."

A statistically significant difference is observed in the mean scores of all six attributes among students from different districts and faculties/schools. Table 7 displays the highest scores along with their respective districts and faculties/schools.

Table 5. Attributes of MHLS and mean scores

		Number of items	Item numbers	Min	Max	Mean	SD
Total MHLS		35		35	160	110.15	14.336
Attributes	Recognition of disorders	8	1-8	8	32	22.93	4.712
	Knowledge on how to seek mental health information	4	16-19	4	20	14.69	3.859
	Knowledge about gender being a risk factor	2	9,10	2	8	5.27	1.068
	Knowledge on self-help methods	2	11,12	2	8	5.47	1.324
	Knowledge on seeking professional help	3	13-15	3	12	8.34	1.480
	Attitudes towards mental illness and mentally ill patients	16	20-35	16	80	53.45	9.775

Table 6. Gender wise distribution of mean scores of attributes

Attributes	Mean		Sig (p)
	Female	Male	
Recognition of disorders	22.53	23.86	0.001
Knowledge of how to seek mental health information	14.51	15.09	0.119
Knowledge on risk factors-gender	5.37	5.05	0.005
Knowledge on self-help methods	5.40	5.63	0.093
Knowledge of professional help available	8.15	8.76	0.000
Attitudes towards mental illness and mentally ill patients	53.68	52.93	0.467

Table 7. Mean scores of six attributes among students from various districts and faculties/schools

Attributes	District with highest mean score	Mean	SD	Faculty/ School with highest mean score	Mean	SD
Recognition of disorders	Vavuniya	26.33	2.309	Medicine	24.77	2.417
Knowledge on how to seek mental health information	Mannar	20	0	Science	15.9	2.969
Knowledge about gender being a risk factor	Vavuniya	6.33	1.155	Medicine	5.73	1.048
Knowledge on self-help methods	Mannar	7	0	Medicine	6.23	1.278
Knowledge on seeking professional help	Kegalle	9.5	2.121	Medicine	9.23	1.431
Attitudes towards mental illness and mentally ill patients	Batticaloa	66.13	10.87	Medicine	57.27	7.201

Students from the Faculty of Medicine have the highest mean score for attitudes (57.27), followed by the Faculty of Science with a mean score of 56.06, while the lowest mean score (47.73) is observed in students of Sri Palee campus. Meanwhile, students from Sri Palee campus show a significant difference in mean scores for attitudes when compared to the Faculty of Medicine ($p=0.004$). Table 8 displays the scores.

There is a statistically significant difference seen in the mean score for attitudes of various districts (sig. .000). Students from Batticaloa district show the highest mean score of 66.13, and students from Hambantota district show the lowest mean score of 37.13. Table 9 shows the scores.

Table 8. Mean scores of attributes of various faculties/schools

Faculties	N	Mean	Std. Deviation	95% Confidence Interval for Mean	
				Lower Bound	Upper Bound
Arts	81	54.42	12.137	51.74	57.10
Science	70	56.06	9.049	53.90	58.21
Management and Finance	90	53.18	8.803	51.33	55.02
Law	40	49.23	6.788	47.05	51.40
Sri Palee campus	30	47.73	10.818	43.69	51.77
Computing	40	55.60	9.971	52.41	58.79
Technology	29	50.34	6.613	47.83	52.86
Medicine	30	57.27	7.201	54.58	59.96
Nursing	10	53.00	9.141	46.46	59.54
Total	420	53.45	9.775	52.52	54.39

Table 9. Mean scores of attributes in various districts

Districts	N	Mean	Std. Deviation	95% Confidence Interval for Mean	
				Lower Bound	Upper Bound
Ampara	6	56.00	4.940	50.82	61.18
Anuradhapura	17	52.71	7.380	48.91	56.50
Badulla	1	55.00	-	-	-
Batticaloa	8	66.13	10.869	57.04	75.21
Colombo	139	54.92	8.892	53.43	56.41
Galle	19	53.16	7.544	49.52	56.79
Gampaha	51	55.90	11.652	52.62	59.18
Hambantota	8	37.13	16.720	23.15	51.10
Jaffna	10	45.00	5.598	41.00	49.00
Kalutara	29	55.55	10.023	51.74	59.36
Kandy	17	58.65	8.817	54.11	63.18
Kegalle	2	60.00	11.314	-41.65	161.65

(Continued)

Districts	N	Mean	Std. Deviation	95% Confidence Interval for Mean	
				Lower Bound	Upper Bound
Kurunegala	22	48.09	5.300	45.74	50.44
Mannar	4	51.00	.000	51.00	51.00
Matara	27	52.56	9.997	48.60	56.51
Moneragala	10	50.50	6.621	45.76	55.24
Polonnaruwa	9	46.56	6.858	41.28	51.83
Puttalam	7	46.14	5.551	41.01	51.28
Ratnapura	28	50.50	7.491	47.60	53.40
Trincomalee	3	49.67	2.887	42.50	56.84
Vavuniya	3	58.00	2.646	51.43	64.57
Total	420	53.45	9.775	52.52	54.39

4. Discussion

Overall, Mental Health Literacy among Colombo University students was lower than previous findings with Australian university students. In that study, 372 first-year undergraduate students had a mean Mental Health Literacy score of 127.38 (O'Connor and Casey, 2015), compared to a mean score of 110.15 found in this research group. Another study conducted in the UK in 2015 showed a score of 122.88 in university students. According to that study, "Mental health literacy is significantly positively correlated with help-seeking behaviour" (Gorczynski et al., 2017). In this study, students who would seek help from a mental health professional, such as a psychiatrist, psychologist, or counsellor, had a significantly higher mean MHL (112.09) compared to those who would not approach any of them (105.47, $p=0.000$). Therefore, it is clear that MHL is positively associated with help-seeking behaviour.

University students lack sufficient mental health literacy skills to recognise mental health issues and seek appropriate help (Hunt and Eisenberg, 2010). This study showed that 15% of the students believe that treatment methods without scientific evidence, such as traditional and Ayurvedic approaches, are effective for mental illness. Meanwhile, 10.5% ($n=44$) of students believe there is no treatment for mental illness. This is an alarming sign because all of the participants are high IQ individuals who are future leaders of society. These factors may prevent them from accessing appropriate, evidence-based mental health care.

Undergraduates who have the knowledge to recognise depression demonstrate better treatment options and actions (Wright et al., 2007). This study found that students who gained knowledge about mental health from healthcare professionals have a significantly higher average MHL than those who did not acquire such knowledge. Students who would consult a psychiatrist if they encountered a mental health problem show a significantly higher average MHL.

A study conducted in the UK found that a previous diagnosis of mental illness was associated with higher MHL (Gorczynski et al., 2017). This study also confirms that students with a current or past diagnosis of a mental health problem exhibit a higher mean MHL of 115.86 compared to students without such a diagnosis (109.84). However, there is no statistically significant difference observed between the two groups ($p=0.055$).

Negative attitudes towards mentally ill patients and mental illness can increase stigma, ultimately restricting access to proper mental health care. One of the main challenges faced by mental health professionals in Sri Lanka is stigma (Amarasuriya, Jorm and Reavley, 2015). This study analysed attitudes towards mental illness and mentally ill patients, and based on these findings, it appears there is a positive correlation between MHL and attitudes.

Students from the Faculty of Medicine have the highest average MHL of 117.43, while the lowest average MHL

of 101.93 was observed among students of Sri Palee campus. This disparity is evident considering that mental health is taught in the medical undergraduate curriculum, whereas it is not in the Sri Palee campus, which offers an arts stream-related programme.

Students who learn about mental health only through media show a lower mean MHL of 107.6 compared to others who have a mean MHL of 112.70 ($p=0.000$). This may be partly due to the fact that unscientific data and unauthentic information are often easily spread among the public via social media.

5. Strengths and limitations

To the best of our knowledge, this is the first study to assess mental health literacy and its related factors among Sri Lankan university students. The large sample size from different faculties across the University of Colombo provides a varied analysis of mental health literacy and its associated factors.

Regarding limitations, all participants in this study were first-year undergraduate students at the University of Colombo; therefore, the generalisability of these results is limited. A post hoc test could not be performed for Table 4.1.2.4 to identify which districts show significant differences in mean MHL because few districts have very low numbers (<2) of participants (Badulla-1, Kegalle-2).

6. Conclusion and recommendation

The study indicates a high overall Mental Health Literacy among the University of Colombo students. While demographic factors such as age, gender, and academic affiliation showed limited influence, factors like personal or family mental illness history, sources of knowledge, and beliefs in treatment efficacy had significant impacts on Mental Health Literacy. Regional and academic differences also suggest that mental health literacy interventions such as education campaigns, teaching help-seeking skills, and training for crisis intervention could be particularly beneficial for certain groups, especially those at the Sri Palee campus. These types of interventions are likely to improve MHL and guide students towards evidence-based care. Further research on Mental Health Literacy and its influencing factors in other universities is required.

Acknowledgement

Our sincere thanks to the Vice Chancellor of the University of Colombo and the Deans of all faculties/schools for approving data collection and the undergraduates who participated in the study.

Author declarations

Name of approval committee – Ethics Review Committee, Faculty of Medicine, University of Colombo.

Ethics Review Committee in Sri Lanka follow the declaration of Helsinki and if the study follows these principles are checked when ethics approval is granted.

Voluntary consent was obtained from all participants using a consent form prior to data collection.

Conflicts of interest

None.

Funding

None.

Author contributions

Mafaz M.G.M is the principal investigator. Pushpa De Silva, CU Suraweera, HMN Wijerathna, and WDSM Abeysekara contributed equally. All authors reviewed the manuscript.

M G M Mafaz, Consultant Psychiatrist, Teaching Hospital, Anuradhapura, Sri Lanka.

P De Silva, National Institute of Mental Health, Angoda, Sri Lanka.

C U Suraweera, Department of Psychiatry, Faculty of Medicine, University of Colombo, Sri Lanka.

H M N Wijerathna, Department of Psychiatry, Faculty of Medicine, University of Colombo, Sri Lanka.

W D S M Abeysekara, Department of Psychiatry, Faculty of Medicine, University of Colombo, Sri Lanka.

Corresponding author: M G M Mafaz

E-mail: m29106@pgim.cmb.ac.lk

References

- Amarasuriya SD, Jorm AF, Reavley NJ. Prevalence of depression and its correlates among undergraduates in Sri Lanka, *Asian Journal of Psychiatry* 2015; 15: 32-37. doi: 10.1016/j.ajp.2015.04.012.
- Ganasen, KA, et al. (Mental health literacy: Focus on developing countries' *African Journal of Psychiatry* (South Africa), 2008; 11(1): 23-28. doi: 10.4314/ajpsy.v11i1.30251.

- Gorczynski P, et al. (2017) students Examining mental health literacy , help seeking behaviours , and mental health outcomes in UK university students. doi: 10.1108/JMHTEP-05-2016-0027.
- Hunt J, Eisenberg, D. Mental Health Problems and Help-Seeking Behavior Among College Students, *Journal of Adolescent Health* 2010; 46(1): 3-10. doi: 10.1016/j.jadohealth.2009.08.008.
- Jorm AF, et al. Effectiveness of treatment, 166 (February), 1997; 182-6. doi: 10.5694/j.1326-5377.1997.tb140071.x.
- Kathriarachchi ST, et al. Development of Mental Health Care in Sri Lanka?: Lessons Learned, 2019; 55-65. doi: 10.4103/TPSY.TPSY.
- Michael KD, et al. Depression among college students: Trends in prevalence and treatment seeking, *Counseling and Clinical Psychology Journal* 2006; 3(2): 60-70.
- O'Connor M, Casey, L. The Mental Health Literacy Scale (MHLS): A new scale-based measure of mental health literacy, *Psychiatry Research* 2015; 229(1-2); 511-16. doi: 10.1016/j.psychres.2015.05.064.
- Storrie K, Ahern K, Tuckett A. A systematic review: Students with mental health problems – A growing problem, *International Journal of Nursing Practice* 2010; 16(1): 1-6. doi: 10.1111/j.1440-172X.2009.01813.x.
- Wright A, et al. What's in a name? Is accurate recognition and labelling of mental disorders by young people associated with better help-seeking and treatment preferences?, *Social Psychiatry and Psychiatric Epidemiology*, 2007; 42(3): 244-50. doi: 10.1007/s00127-006-0156-x.